PROVINCE OF NOVA SCOTIA

REPORT OF THE

Provincial Tuberculosis Hospitals

NOVA SCOTIA SANATORIUM

AND

POINT EDWARD HOSPITAL

FOR THE YEAR ENDED DECEMBER 31

1967

Queen's Printer
Halifax, Nova Scotia

To His Honour,

THE HONOURABLE VICTOR deB. OLAND

Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the report of the Provincial Tuberculosis Hospitals.

I have the Honour to be

Sir,

Your most obedient servant,

RICHARD A. DONAHOE, Q.C.
Minister of Public Health

J. S. ROBERTSON, M.D., D.P.H.

Deputy Minister,

Department of Public Health

Sir:

I have the honour to submit the Tenth Annual Report of Provincial Tuberculosis Hospitals. This is made up of the Sixty-Third Annual Report of the Nova Scotia Sanatorium and the Nineteenth Annual Report of Point Edward Hospital. These reports cover the calendar year, 1967. They are preceded by Table A, a combined statistical report.

Respectfully submitted,

J. E. HILTZ, M.D., D.P.H.

Administrator
Tuberculosis Control Services

101-03453/

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TABLE A

COMBINED STATISTICAL REPORT

FROM THE NOVA SCOTIA SANATORIUM AND POINT EDWARD HOSPITAL

CONCERNING THE PATIENT POPULATION, EXCLUDING TREATMENT OF SICK STAFF

FOR THE CALENDAR YEAR 1967

	Nova Scotia Sanatorium Est. 1904	Point Edward Hospital Est. 1949	Both Hospitals
Number of patients in residence January 1, 1967	152	70	222
Number of patients admitted as first treatment experience during 1967	238	72	310
Number of patients admitted having had previous treatment for tuberculosis	92	17	109
Number of patients transferred from another institution	16	14	30
Number of patients admitted to continue treatment (temporarily released)	0	7	7
Number of patients admitted for review or evaluation only	15	62	77
Total admissions during year	361	172	533
Number of patients in residence during year	513	242	755
Number of patients discharged during year	386	190	576
Number of patients in residence January 1, 1967	127	52	179
Number of patient days of hospital care during year	61,445	25,129	86,574

Sixty-Third Annual Report

INCLUDING

Medical Supplement

OF THE

Nova Scotia Sanatorium

FOR THE YEAR ENDING DECEMBER 31, 1967

GENERAL INFORMATION

Free treatment for tuberculous persons in Nova Scotia became effective July 1, 1946. Application for admission of a tuberculous or a suspected tuberculous patient to the Sanatorium is made by the family physician through the Director of the Health Unit of his district recommending further investigation and/or treatment for the patient. If approved, the Director then contacts the office of the Medical Superintendent requesting the admission which is authorized without delay.

The Sanatorium may be reached daily by the Dominion Atlantic Railway. Taxis meet all trains at Kentville, from which it is only a short drive to the Sanatorium. There are good bus connections daily to and from Kentville.

An information pamphlet, "Health Ahead", is available from all Health Unit Directors and from the Sanatorium. Prospective patients should read this before coming forward for admission in order to be informed regarding clothing requirements, visiting hours for friends, and other pertinent matters.

NOVA SCOTIA SANATORIUM

Kentville, N. S.

1967

HONOURABLE RICHARD A. DONAHOE, Q.C.

MINISTER OF PUBLIC HEALTH

–ADMINISTRATIVE AND TECHNICAL STAFF–

Medical **Full Time Staff**

*J. E. Hiltz, M.D., D.P.H., F.C.C.P. . . . . Medical Superintendent
*Helen M. Holden, M.D., F.C.C.P. . . . . Asst. Medical Superintendent
*J. J. Quinlan, M.D., F.C.C.P. . . . . Thoracic Surgeon
F. J. Misener, M.D., F.C.C.P. . . . . Radiologist and Anaesthetist
A. Laretei, M.D. . . . . Physician
Maria Rostocka, M.D. . . . . Physician
G. A. Kloss, M.D., F.C.C.P. . . . . Physician and Anaesthetist
E.W. Crosson, M.D. . . . . Physician

Consulting Staff

*V. D. Schaffner, M.D., F.A.C.S. . . . . Surgeon
*D. M. MacRae, M.D., F.C.C.P. . . . . Bronchoscopist
*B. F. Miller, M.D., F.R.C.S. (Edin.) . . . . . Consultant in Orthopedics
F.R.C.S. (Can.)
*E. J. Cleveland, M.D. . . . . Consultant in Psychiatry
*F. R. Townsend, M.D. . . . Consultant in Psychiatry (resigned 31. VIII. 67)
*C. E. Jebson, M.D. . . . . Consultant in Urology

Courtesy Consulting Staff

D. H. Kirkpatrick, M.D. . . . . Anaesthesia

Dental

R. H. Stanford, D.D.S. . . . . Dentist (resigned 5. XII. 67)
K. B. Eaton, D.D.S. . . . . Consultant Dentist

*Certified in specialty by Royal College of Physicians and Surgeons of Canada.

Nursing

Mrs. Hope M. Mack, R.N. . . . . Director of Nursing

Miss Madeline Spence, R.N. . . . . Director of Nursing Services
Robert MacKenzie, R.N. Director of Nursing Education (resigned 17. IV .67)
Mrs. Catherine Boyle, R.N. . . Clinical Instructor i/c Nursing Education
Mrs. Norma Hounsell, R.N. . . . Clinical Instructor (resigned 30. IV .67)
Miss Elizabeth McPhail, R.N. . . . . Clinical Instructor
Mrs. Cheryl Lamoureux, R.N. . . . . Clinical Instructor

Laboratory

Mrs. Mae Margeson, R.T. . . . . Senior Technician (Retired 31. VII .67)
Miss Helen Morse, R.T. . . . . Senior Technician
Mrs. Helen MacKinnon . . . . . Technician
Mrs. Sheila MacPherson . . . . . Technician
Miss Bonnie Kierstead . . . . . Technician
Mrs. Elizabeth Ann Knowlton . . . . . Technician
Mrs. Donna Mae Schofield, R.T. . . . . Technician
Miss Susan Scharfe, B.Sc. . . . . Technician
Mr. Glendon Gates . . . . . Assistant Technician

Rehabilitation Department

F. G. Barrett, B.Sc., M.Sc. . . . . Director of Rehabilitation (transferred 17. X .67)
D. M. Brown, B.A., B.Ed. M.S.W. . . . . Social Worker and Director
Mrs. Norma Cassidy, O.T.R. . . . . Occupational Therapist
Miss Marguerite MacLeod . . . . . Academic Teacher
Miss Marion Lacey . . . . . Academic Teacher
Mrs. Mary MacKinnon . . . . . Academic Teacher
Mrs. Madelon Misner . . . . . Academic Teacher
Mrs. Violet Silver . . . . . Handcraft Instructor
Clifford Beeler . . . . . Handcraft Instructor (retired 31. XII .67)

X-Ray Department

John L. Hines, R.T. . . . . Senior Technician (resigned 25. VIII .67)
Mrs. Carol LaFontaine, R.T. . . . . Senior Technician
William Mansfield . . . . . Technician
Robert Ferguson . . . . . Assistant Technician

Physical Medicine Department

Mr. Adi S. Jagosh, R.T. . . . . Inhalation Therapist and Therapist-in-Charge
Mrs. Gertrude Cook, C.N.A. . . . . Assistant Therapist
Mr. Robert Hartlen . . . . . Assistant Therapist

Dietary Department

Miss Eileen Quinlan, B.Sc. . . . . .Director of Dietary Service
Miss Virginia Allen, B.Sc. . . . . Dietitian
Mrs. Victoria Dekker, B.Sc. . . . . Dietitian

Medical Records Department

Hector McKean, R.R.L. . . . . Records Librarian
Mrs. Hazel LeFave . . . . . Asst. Records Librarian
John Lawrence . . . . . Asst. Records Librarian
Miss Marjorie Hatt . . . . . Asst. Records Librarian (resigned 14. IX .67)

Chaplains

Rev. Dale MacTavish, B.D., Co-ordinating Protestant Chaplain, Nova Scotia Sanatorium
Rev. John F. DeLouchry, Parish Priest and Roman Catholic Chaplain.
Rev. J. D. MacLeod, D.D., United Church Chaplain (resigned 1. IX .67)
Rev. J. Douglas Archibald, D.D. United Church Chaplain.
Rev. J. A. Monroe, Anglican Chaplain.
Prof. (Rev.) Charles Taylor, B.A., B.D.,(Acadia), S.T.M. (Andover Newton) Chaplain-Supervisor, Clinical Pastoral Training, Nova Scotia Sanatorium;
Associate Professor of Practical Theology, Acadia University

Medical Records Committee:

Dr. H. M. Holden, Chairman
Mr. A. H. McKean, Secretary
Dr. A. Laretei
Dr. M. Rostocka
Dr. G. A. Kloss
Mrs. Hope Mack, R.N.

Tissue Committee

Dr. G. A. Kloss, Chairman
Dr. F. J. Misener, Vice Chairman
Dr. J. J. Quinlan, Secretary

Pharmacy Committee:

Dr. M. Rostocka, Chairman
Mrs. Shirley Maxwell, C.D.C.. Secretary
Dr. H. M. Holden
Dr. E. W. Crosson

This annual report c[illegible] the calendar year 1967 and is the sixty-third such report since the Nov[illegible]tia Sanatorium was established in 1904 as the first provincially owned Sanatorium in Canada.

During the year under review there was a further increase in the number of patients treated, 513, compared to 483 and 476 in the previous two years. Also more patients were discharged, 386 compared to 331 and 341 in the two previous years, leaving 25 fewer patients in residence at year end (Table I).

The number of patient days of treatment increased by 6,645 compared to 1966. Of this increase, only 1254 were accounted for by patients sent to the Sanatorium by their family physicians for the diagnosis of conditions which turned out to be non tuberculous.

Of the 361 patients admitted during the year, 238 or two thirds come to the Sanatorium as their first treatment experience (Table II). There were 92 readmissions having received treatment previously at the Nova Scotia Sanatorium or at some other tuberculous institution. Sixteen were transferred directly from another tuberculosis hospital and fifteen were admitted for review or assessment only.

Of the 371 persons, review cases excluded, who were discharged during the year, 287 were first admissions to the Sanatorium, and 84 were readmissions. There were 145 persons without any evidence of active tuberculous disease in the group (Table IIIa). The large proportion of cases of primary infection type tuberculosis, 31, is accounted for by the new infections occurring in young people during the Clare District High School epidemic.

Of the fifteen patients admitted for assessment or review (Table III b), their tuberculous disease was considered to be well healed or inactive in seven.

The fact that the staff of the Nova Scotia Sanatorium must be qualified and equipped to treat a wide variety of conditions is exemplified in Tables III-c and IV-a which list the complications of the tuberculous cases and the diagnoses of the cases without evidence of active tuberculosis.

One hundred and forty-five non tuberculous patients accounted for 5,450 patient days of investigation and treatment. These included 19 primary cancers of the lung in addition to two lung cancers developing in tuberculous patients. In all, 31 of our patients had a diagnosis of cancer of some part of the body, 8 as complications of active tuberculous disease.

The age and sex of our non tuberculous cases are shown in Table IV-b. Nine of the patients died at the Sanatorium (Table IV-c).

Approximately one half of the non tuberculous patients were referred to us from the Fundy Health Unit which is not surprising as the Sanatorium is situated within the Fundy Health Unit. There are approximately 200,000 persons in the Fundy, Western, and Lunenburg Queens Health Units and they live closer to Kentville than to Halifax. Persons from these Units accounted for 103 patients or 71 per cent of all non tuberculous referrals.

Of the tuberculous patients, only 4 were discharged in an unimproved condition but 13 died (Table V). This is in addition to the 9 non tuberculous patients who died (Table IV-c). Such patients require meticulous nursing care as a dying patient, of necessity, is a careless patient as far as the spread of infection to others is concerned.

During the year under review there was a heartening trend for fewer patients to leave the Sanatorium as irregular discharges—against medical advice or being asked to leave on account of antisocial behaviour (Tables IV-a to d). Although we would like to think that this trend may become permanent, we must not lose sight of the fact that many of our patients during 1967 were teenagers who were involved in the tuberculosis epidemic in Clare. They were a very co-operative group. Since 1959, our rate of irregular discharges has ranged from 13. 1 to 39.5%, with a low rate this year of 11.2% (Table IV-3).

All irregular discharge patients who had unstable tuberculous disease were readmitted to some institution to continue treatment with one exception.

During 1967, 56.5% of the patients admitted for the first time and 79.3% of the readmission cases discharged had either moderately advanced or far advanced tuberculosis when they arrived at the Sanatorium (Table VII). One would have every reason to hope that a smaller percentage of cases would have been sent to Sanatorium in the advanced stages of tuberculosis and more in the early or minimal stages, but such did not occur.

The ages of patients discharged are shown in Table VIII-a. Again, the Clare District High School epidemic has changed the previous trend toward more older patients. However, in spite of this, at year end, 65% of our patients were forty years of age or older. Indeed, 18 were over seventy and 2 were over eighty years old (Table VIII-b).

At year end, too, almost 70% of patients in residence had tuberculosis in the advanced stage and only 8.5% had disease of minimal extent (Table VIII-c).

Of the tuberculous patients admitted and readmitted (not necessarily discharged) during 1967, 43 were over sixty years old, 19 over seventy, and 4 over eighty years of age. Tuberculosis, therefore, is not only a disease of the young, although 16 patients were under fifteen years old, 7 under ten years and 4 under five years of age (Table VIII-e).

Over two-fifths of our patients belong to the Roman Catholic faith (Table IX) with the Anglicans and Baptists each contributing about one-fifth of the patient body.

Of the discharged patients, there were residents from every county except Victoria (Table X). The largest number, 40, came from Digby County, whereas Halifax County contributed 37, and Kings County, 27. Halifax City and County combined accounted for 56 patients, only one less than during the previous year.

MEDICAL SERVICE:

The medical service provides the foundation upon which the other services are added to form an organization for the adequate, modern care of patients, out-patients, and staff. It involves doctors, nurses, dietitians, technicians and auxiliary staff. Many of our patients are children and many are over sixty years old so our staff must be familiar with the problems of pediatrics and geriatrics. Indeed, they must be well qualified to provide good care for the myriad conditions which afflict our patients as indicated in Tables III and IV in addition to the fairly complicated care required for tuberculous patients who may not tolerate the first line anti-tuberculosis drugs, those whose infecting germs may be resistant to the drugs or those who are left with residual tuberculous disease which does not respond to conventional therapy. Our full time medical staff provide care for our patients twenty-four hours a day, seven days a week. For each specialist service, anaesthesia, radiology, surgery, bronchoscopy, pulmonary function or physical medicine, there must be two qualified physicians in order that the service may not be interrupted by illness, vacation, or week-ends.

SURGICAL SERVICE:

The surgical undertakings are shown in Tables XI A to G. No artificial pneumoperitoneum treatments were given and no primary thoracoplasty operations undertaken although the latter were performed very frequently some fifteen to twenty years ago.

There were 65 lung resections carried out. Three of these were for the purpose of diagnostic biopsy only (Table XI-c). In nine cases, lung cancer was the condition requiring surgical removal. In 38 instances, tuberculous lung tissue was removed but in no case was an entire lung removed (pneumonectomy) as has been done in previous years. In only about one quarter of the new cases of lung tuberculosis was surgery performed (Table XI D). This compares to 32%, 37%, 46%, and 40% in the previous four years. The readmission cases also required a surgical resection of tuberculous tissue in about one quarter of the cases.

Only two babies were born at the Sanatorium during 1967. (Table XI E).

X-RAY SERVICE:

Table XII outlines the work performed in the X-ray Department during the year under review. There was a moderate increase in the volume of x-ray work within the institution but a falling off of x-ray films sent in to the Sanatorium for interpretation. The out-patient clinic examinations were almost the same as last year. In addition, almost 18,000 x-ray films were developed in our dark room for five of the provincial Health Unit Directors. This number was over 7500 more than during the previous year.

LABORATORY SERVICE:

Again this year there was an increase in the volume of laboratory work performed at the Nova Scotia Sanatorium. In 1966, it increased 15 per cent over the previous year. In 1967, the increase was another 22 per cent. There was a 23 per cent increase in our cancer detection service by Papanicolaou smears. These totalled 947 during the year.

OUT PATIENT SERVICES:

Our Saturday morning clinics continue to be popular with the general public. Other clinics are held on each Tuesday and Wednesday afternoon and by appointment (Table XIV A). There were 3389 visits to the Chest Clinic, an increasing number by ex-patients and patients referred for diagnosis by their family physicians and somewhat fewer staff referred for routine examinations. There were no new cases of active tuberculosis found among the referred patients but three previously healed cases were found to have reactivated their tuberculous disease. In addition, a number of significant non tuberculous chest conditions were diagnosed among the clinic patients.

B.C.G. vaccination was performed on 74 occasions for Sanatorium personnel and also for three persons outside the Sanatorium.

BRONCHOSCOPY SERVICE:

There were 260 bronchoscopic examinations carried out at the Sanatorium during the year under review (Table XIV B), a slight increase over the previous year. This is a reflection of the increased number of patients sent to the Sanatorium for investigation of undiagnosed chest diseases.

PHYSICAL MEDICINE SERVICE:

The report of this important phase of our work is shown in Table XIV C. This department provides not only treatment but also certain diagnostic procedures. Under the heading of physicial medicine are included inhalation therapy, physiotherapy, electrocardiography, pulmonary function testing and blood gas analysis.

This department provided 17,951 individual treatments and 402 diagnostic procedures. Its staff work on a six-day week basis in an attempt to meet the patients' needs as nearly as possible. Blood gas studies are time consuming, require meticulous care, and are being used with increasing frequency as more cases with chronic bronchitis and emphysema are being referred to us for assessment.

MENTAL HEALTH SERVICE:

Our two consulting psychiatrists continued to provide invaluable help in the assessment and treatment of patients with psychiatric and emotional problems. Forty-nine individual patients received 98 visits from our psychiatrists during the year. In addition, a lecture is given by them each month to affiliate student nurses at the Sanatorium.

DENTAL SERVICE:

The Sanatorium continued its dental service which provides extractions, fillings, and prophylaxis at no cost to patients. When artificial dentures are required, the patient or a sponsoring agency is required to provide only the laboratory costs. In addition to the work of our Dental Consultant, a dental hygienist from the Department of Public Health spends two to three weeks here each summer providing dental health education, cleaning of teeth and topical application of fluoride for patients and staff (Table XIV E).

SICK STAFF CLINIC:

A daily clinic, seven days a week, is held for ill staff who are ambulatory whether they reside at the Sanatorium or not. Those who live off the Sanatorium grounds must seek medical care from their family physicians if they are too ill to work. Those who live at the Sanatorium, however, are provided with full medical care as needed. This includes hospitalization. Attendance at our Sick Staff Clinic is optional, however, and staff living on the Sanatorium property are perfectly free to consult a physician in private practice if they wish. It is a tribute to the physicians who operate our Clinic that most sick staff avail themselves of their services.

REHABILITATION SERVICE:

The work of this department is educational, diversional, recreational, spiritual and is also greatly involved in social welfare.

The following statistics indicate briefly some of the work carried out by this department:

	Individual Patients Served		
Academic:	**1965**	**1966**	**1967**
School age (0–16)	17	21	33
Past school age (17–21)	5	14	31
Adults	28	15	6
By correspondence	0	0	0
New Canadian language	2	3	2
	52	53	72
Business, Industrial, etc.:			
Typing	6	7	12
Arithmetic, bookkeeping, etc.	14	10	8
Sewing	43	44	39
Bookbinding	1	1	0
Woodwork	11	10	24
Radio	0	0	0
Watch Repair	1	0	0
	76	72	83
Handcrafts:	**1965**	**1966**	**1967**
a. In shop:			
Leather	43	45	53
Weaving	0	10	3
Other	16	13	12
b. At bedside:			
Individual instruction	103	132	207
	162	200	275
GRAND TOTAL	290	325	430

All academic subjects from primary to Grade XII are taught to either children or adults. Correspondence courses are available to suitable patient candidates. Almost all handcrafts are also available. There is a well stocked library of books and magazines. Our own radio station–SAN, and television sets in all sitting rooms provide the patients with entertainment and news of the outside world. The work of this department is designed to make sanatorium life as acceptable as possible and also to keep patients mentally alert and prepare them to return to their communities and their work in an even more capable manner than when they entered the Sanatorium.

This Service co-operates closely with our chaplains and church visitors in order to make their work more effective by means of co-ordination of efforts of the various clergy.

Health Rays magazine, the oldest Sanatorium magazine in North America, continues to be published monthly and provides informative articles regarding health matters. It is given free of charge to all patients and, in addition, reaches all Health Unit Directors, Public Health Nurses and senior personnel of the Department of Public Health.

Social work occupies an increasingly large proportion of the time of our Rehabilitation staff.

CHAPLAINCY SERVICE:

For the first time, in September, a Co-ordinating Protestant Chaplain was appointed to the Sanatorium. Rev. Dale MacTavish occupies the position and spends one half of this time with us. The other half is spent at the Kings County Hospital in Waterville. He is a full time member of the Institute of Pastoral Training from which we purchase his services which are very valuable to our patients. He visits our patients regularly, conducts a vesper service Monday to Friday evenings over our radio station SAN, conducts the Sunday morning Protestant service in our Chapel, and co-ordinates the work of other visiting clergy and chaplains.

Mr. MacTavish also conducted a course in Church Membership and wrote a devotional article in Health Rays magazine. He arranged for a visit to the Sanatorium by the Newport Male Choir to present a sacred concert and worked in co-operation with our Director of Rehabilitation in making arrangements for Christmas parcels from the various churches for patients.

He provided partial supervision in Clinical Pastoral Education at the Sanatorium for four students from Acadia University School of Theology; served as host chaplain for a monthly meeting of the Valley Chapter of the Institute of Pastoral Training: served as host chaplain to the Annual Maritime Chaplains' Conference at the Sanatorium and delivered an address on the "Role of the Chaplain" to the class of student nursing assistants. This was a sizeable accomplishment during his first three months in office. We anticipate a further expansion of his work at the Sanatorium.

PROFESSIONAL EDUCATION:

(a) Medical: Staff meetings were continued two full afternoons each week in order to review the status and medical requirements of all patients having an x-ray or special examination since the prior meeting. All such cases, including new admissions, are discussed by the entire medical staff working as a team. Regular monthly meetings of the Tissue, Pharmacy, Medical Records and Administrative Staff are held. The Journal Club meets weekly between

October and May. Senior members of the Nursing and Laboratory staffs are guests of the Journal Club which serves as a forum for the discussion of modern treatment and diagnostic methods in respect to many diseases.

The Medical Superintendent attended the annual meeting of the Canadian Tuberculosis Association and the Canadian Thoracic Society in Quebec and the biennial meeting of the International Union against Tuberculosis in Amsterdam.

The Assistant Medical Superintendent attended the meeting of the American Association for Thoracic Surgery in New York and the Royal College of Physicians and Surgeons in Ottawa as did our surgeon, Dr. Quinlan.

Dr. Laretei attended the annual meeting of the Canadian Tuberculosis Association meeting in Quebec. Dr. Kloss attended a short course in Inhalation Therapy and another in General Medicine in Halifax. Dr. Rostocka attended the Canadian Tuberculosis Association meeting in Quebec and a short course in Cancer in Halifax.

In this manner our medical staff keep abreast of modern developments in medicine and surgery, especially diseases of the chest.

(b) Nursing: The nursing staff is composed of registered nurses, certified nursing assistants and a few nurses' aides. A continuous program of in-service education is carried out at all levels.

Mrs. Catherine Boyle, R.N., who is in charge of our Department of Nursing Education attended the annual meeting of the Canadian Tuberculosis Association in Quebec and presented the report from Nova Scotia to the Nurses' Section.

Miss Jean Dobson, R.N., Nursing Supervisor, was granted leave of absence under a Federal Professional Training Grant to attend the School of Nursing of Mount St. Vincent University to study toward a bachelor's degree in Nursing.

Miss McQuarrie, Operating Room Supervisor, attended the 9th Annual Conference of Operating Room Nurses in Montreal and her assistant, Miss Potter, attended a course for operating room and central supply room personnel in Halifax.

During the year, 249 student nurses attended our regular four week affiliation in tuberculosis nursing. They came from Aberdeen Hospital, New Glasgow; Victoria General Hospital, Halifax; Nova Scotia Hospital, Dartmouth; Halifax Infirmary, Halifax; Children's Hospital, Halifax; Payzant Memorial Hospital, Windsor; and the Yarmouth General Hospital.

Our School for Nursing Assistants has been in operation since 1948. It offers a twelve-month course for applicants with a minimum of Grade X standing. The great majority of those accepted have at least Grade XI. The waiting list of those wishing to attend our school far exceeds our ability to accommodate them.

Since 1948, the following nursing groups have received instruction here:

	1967	Total to date
Postgraduate Nurses (3 months)	1	121*
*Four did not finish course		
Affiliate Student Nurses (4 weeks) . . .	249	3401
Student Nursing Assistants (12 months)		
Completed course	23	328
Discontinued course	13	179
Still on course		51
Operating Room Technicians (6 months)		
Certified Nursing Assistants . . .	1	10**
**3 did not finish course		

The course for Operating Room Technicians is open only to those Certified Nursing Assistants who wish to specialize in this field and are willing to spend another six months to do so.

(c) Rehabilitation: Mr. Barrett, Director of Rehabilitation, attended the annual meeting of the Canadian Tuberculosis Association in Quebec. Mrs. Mary MacKinnon, senior teacher, attended Acadia University Summer School in order to up-grade her professional standing.

(d) Dietary: Our Director of Dietary Services, Miss Quinlan, attended the annual meeting of the Canadian Dietetic Association in Ottawa during the year.

(e) Clinical Pastoral Training: During the summer of 1967, the Institute of Pastoral Training conducted its fifteenth annual six-week course at the Sanatorium. The program is designed for ministers, theology students, deaconesses and missionaries. Special attention is paid to mental health and the psychological aspects of illness and the emotional involvements during illness, living and dying. Full university credits are given to those taking the course which is fully accredited. A similar course is given to Acadia University theology students during the regular university year.

Fifteen students of varying denominational backgrounds enrolled for the six-week summer course. They were as follows:

Rev. Freeman Fenerty	Kentville, N. S.
Lic. Gerald Fisher	Kentville, N. S.

Rev. Gordon S. Peabody	Barachois, Que.
Lic. Ronald McLean	Wolfville, N. S.
Lic. Harold Price	Scotch Village, Hants County
Miss Jane Retson	Truro, N. S.
Lic. Gary E. Tonks	Kentville, N. S.
Rev. Douglas Hergett	Upper Kennetcook, N. S.
Lic. Ronald Brooks	Halifax, N. S.
Sem. John Spencer	Cornerbrook, Newfoundland
Lic. Wm. Heatley	Gaspereau, N. S.
Sem. Lynn Ross	Lennoxville, Que.
Lic. Woodrow R. Hewitt	Wolfville, N. S.
Sem. Benjamin Burry	Greenspond, Newfoundland
Lic. B. Dickie	Canning, N. S.
Rev. Charles Taylor, Director	Wolfville, N. S.
Rev. A. W. Bentum, Asst. Director	Summerland, B. C.
Rev. Howard H. Taylor, Asst. Director	Halifax, N. S.

MISCELLANEOUS:

The following staff members were retired on superannuation during the year:

1. Mrs. Mae Margeson, Senior Laboratory Technician, after 18 years of service.

2. Mr. Austin Amirault, Clerk, after 43 years of service.

3. Mrs. Mae Hiltz, night cook, after 18 years of service.

Our very best wishes are extended to these faithful and valuable staff members. We trust that they may enjoy long years of happiness in retirement.

During 1967, the following papers were published by staff members:

1. "Length of Stay in Canadian Tuberculosis Hospitals"; Dr. J. E. Hiltz, Canadian Journal of Public Health, April, 1967

2. "Drowning—Its Mechanism and Management: A Review"; Dr. E. W. Crosson, Canadian Journal of Public Health, July, 1967

3. "Nontuberculous Chest Diseases"; Dr. J. J. Quinlan, The Nova Scotia Medical Bulletin, September, 1967

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During the year, the Sanatorium continued to provide the following special services:

1. The Tuberculosis Control Services of the Department of Public Health are centred here with the Medical Superintendent as Administrator of the Services. In addition, the Provincial Tuberculosis Index is maintained in our Medical Records Department and kept up to date by our staff.

2. The Sanatorium provides an x-ray film developing service for Health Unit Directors. During 1967, this involved the processing of almost 18,000 standard sized films at no charge to the Health Unit concerned.

3. Our electrocardiographic service to Point Edward Hospital was continued with the interpretation of 103 tracings (Table XIV F).

4. The Nova Scotia Sanatorium provides heat for the Department of Lands and Forests Building on Exhibition Street and also heat and janitor service for the Provincial Offices of the Departments of Education, Public Health, and Lands and Forests in Pavilion VI.

5. The Nova Scotia Sanatorium Fire Department and its equipment responds to alarms in the Kentville area to meet special emergencies.

6. The facilities of Miller Hall continue to be used for community meetings by scientific, professional, and paramedical groups.

We consider it to be a distinct privilege to be of service to the community at large in respect to the above matters.

* * * * * * * * * *

During the year, once again, many friends of the Sanatorium remembered our patients by donations of books to our Patients' Library, records for our Radio Station SAN, money for our Patients' Comfort Fund, and by games and flowers for our bed patients. Local citizens provided transportation so that our patients might see the Apple Blossom Festival Parade and also view the countryside. The Clinical Pastoral Training students provided a picnic and drive for our high exercise patients. During the summer, the Knights of Columbus arranged for small groups of patients to be taken for drives each week. At Christmas time, all the churches, the Salvation Army, the Red Cross Society, the Rotary Club, the I.O.D.E., the Canadian Legion, and the Silver Cross Women of Canada remembered our patients with gifts and good wishes. A number of talented persons came to the Sanatorium to entertain our patients during the year and to sing carols during the Christmas Season. The Walter Callow buses took most of our patients on a two to four hour tour of the countryside during the summer. The different church groups and the I.O.D.E. continued to sponsor monthly card parties for up-patients once a month. We have tried to thank all these persons either by mail or in

our magazine, Health Rays, but in case some have been overlooked, we say another sincere "thank you" at this time.

Possibly the highlight of the year was the provision of care for those students of Clare District High School who developed active tuberculous disease during an epidemic within their academic setting. Beginning during December, 1966, the epidemic led to the admission of 35 students to the Sanatorium for treatment. All of them made excellent progress and many of them had been discharged to their homes to continue convalescent treatment there before the end of 1967.

These young people were very popular with other patients and staff alike. For some months the Sanatorium population exceeded its rated capacity by some seventeen patients. This overtaxed the educational facilities of our Rehabilitation Department but everyone rallied around and provided that extra effort needed to meet this sudden emergency. More classroom space was made available by using rooms on the second floor of our Annex and physicians' offices were made available part-time for study purposes. In this manner many of these young students were able to continue their academic studies at the same time that they were recovering their health. It was a very unique and happy experience for us to have had the opportunity of working with so many fine young men and women in their time of need.

This epidemic pointed up some of the inadequacies of our old buildings designed for the care of patients in 1904, 1917, and the most modern in 1931. It was with great satisfaction, therefore, that we learned that the Legislature of our Province provided in its estimates during the year a large sum of money to permit the planning for construction of a modern infirmary to replace our antiquated buildings. This is evidence of forward thinking on the part of members of Government who are charged with the making of decisions and equally charged with providing appropriate care for those in need. Not only are our patients encouraged by this announcement but our staff are greatly heartened as well.

To the Honourable Richard A. Donahoe, Q.C., Minister of Public Health, and to Dr. J. S. Robertson, his deputy, I extend my personal thanks for continued advice and support during the year. To the officials of the Department of Public Works, our thanks are expressed for their continued efforts to maintain our ageing and deteriorating buildings.

In particular, I wish to pay high tribute to all members of the Sanatorium staff who have continued to maintain such fine standards of work, sometimes under very trying circumstances. I am sure that there is no hospital anywhere in Eastern Canada which has a better or more loyal staff for which I am truly thankful.

January, 1968

J. E. Hiltz, M.D.,
Medical Superintendent

STATISTICAL REPORT

FOR THE CALENDAR YEAR ENDING DECEMBER 31, 1967

Table I	Calendar Year 1965	Calendar Year 1966	Calendar Year 1967
Number of patients discharged since November 30, 1904	12,276	12,523	12,770
Number of patients in residence at first of year	143	135	152
Number of patients admitted during year	226	263	253
Number of patients admitted for review during year	3	0	0
Number of patients readmitted* during year	85	76	93
Number of patients readmitted* for review during year	19	9	15
Total number of patients treated during year	476	483	513
Number of patients discharged for first time during year	231	247	287
Number of readmitted* patients discharged during year	89	74	84
Number of review patients discharged during year	21	10	15
Total number of patients discharged during year	341	331	386
Number of patients in residence on last day of year	135	152	127
Number of patient days treatment	54,191	54,800	61,445
Number of patient days treatment for nontuberculous patients (included above)	3,613	4,196	5,450**

*Readmitted means previously treated at the Nova Scotia Sanatorium

** 5450 days do not include 360 days hospital care for 93 sick staff

Table II

ADMISSIONS DURING YEAR—SOURCE OF PATIENTS
(Dominion Bureau of Statistics Classification)

	Calendar Year 1965	Calendar Year 1966	Calendar Year 1967
First admission to any institution	194	240	238
Readmission, previously treated at any tuberculosis institution	94	78	92
Transfer direct from another institution	20	20	16
To continue treatment (temporarily released)	3	1	0
Review only (evaluation—no treatment)	22	9	15
All admissions	333	348	361

Table III a

DIAGNOSIS OF ALL PATIENTS DISCHARGED DURING YEAR

(Review cases are excluded)

	First Admissions	Readmissions*
Pulmonary tuberculosis–reinfection type	116 or 40.4%	58 or 69.0%
Pulmonary tuberculosis–primary active	31 or 10.8	
Pleurisy with effusion–suspect tuberculosis	3 or 1.0	
Tuberculosis of hip	1 or 0.3	
Tuberculosis of kidney	6 or 2.1	1 or 1.2
Tuberculosis of lymph nodes	4 or 1.4	2 or 2.4
Tuberculosis of meninges	1 or 0.3	
Tuberculosis of spine	1 or 0.3	2 or 2.4
Pulmonary disease–nontuberculous	124 or 43.2	21 or 25.0
All discharges	287 or 100%	84 or 100%

Table III b

FINAL PRINCIPAL TUBERCULOSIS DIAGNOSIS OF REVIEWCASES DISCHARGED DURING THE YEAR

	Active	Inactive
Tuberculosis of Lung:		
Minimal	2	4
Moderately advanced	2	2
Far advanced	0	0
Other Tuberculosis	4	1
All Review Cases	8	7

* previously treated at this institution

Table III c

COMPLICATIONS OF PATIENTS DISCHARGED
Calendar Year

(excludes all principal diagnoses shown in Tables IIIa, IIIb, and IVa)

A. Tuberculous conditions:	
Abscess, retropharyngeal	1
Adrenal glands, tuberculosis of	1
Bones & Joints, tuberculosis of	
Knee	2
Spine	5
Wrist	1

*Bronchiectasis	27
*Bronchopleural fistula	11
*Empyema	6
Erythema nodosum	5
Genitourinary system, tuberculosis of	9
Laryngitis	3
Lymphadenitis	2
Meningitis	1
*Middle lobe syndrome	1
Peritonitis	1
*Pleurisy with effusion	8
*Pneumothorax, spontaneous	5
*Tracheobronchitis	7

B. Conditions other than Tuberculosis:

Abortion, spontaneous		1
*Abscess, lung		2
Acidosis, respiratory		2
Acne, vulgaris		2
Anaemia, iron deficiency	.CV	23
Angina pectoris	.CV	1
Appendicitis, chronic		1
Arteriosclerosis		3
Arthritis, gouty		1
Arthritis, osteo		13
Arthritis, rheumatoid		1
Arthritis, traumatic		1
*Asthma, bronchial		3
*Atelectasis		2
Auricular fibrillation	.CV	2
Blepharochalasis		1
*Bronchiectasis		3
*Bronchitis		7
*Bronchopleural fistula		1
Cataract		1
Cerebral–vascular accident	.CV	1
Cholecystitis, chronic		1
Cholelithiasis		2
Cirrhosis of liver		1
Conjunctivitis		1
*Contusion, pulmonary		2
Cor pulmonale	.CV	11
Cyst, epidermoid		2
*Cyst, pulmonary		1
Cystic disease of kidney		1

Cystitis, acute		2
Cystitis, chronic		1
Cystocele		2
Dermatitis, generalized		3
Diabetes mellitus		30
Dislocation of hip, congenital		1
Diverticulosis of colon		7
Dupuytren's contracture		4
Ectopic kidney		1
*Emphysema, generalized of lung		3
Epilepsy		2
* Fibrosis of lung, cause undetermined		11
* Fibrothorax		2
Fracture of clavicle		1
Fracture of hip		1
Fracture of scapula		1
Fracture of tibia		1
Fracture of wrist		1
Glomerulonephritis, chronic		2
Haemorrhoid		7
Heart Disease, congestive	.CV	5
Heart Disease, coronary	.CV	21
Hepatitis, toxic		1
Hernia, inguinal		2
Hernia, ventral		1
Herpes zoster		1
*Hypertension, pulmonary	.CV	1
Hypertensive cardiovascular disease	.CV	9
Infarction acute myocardial	.CV	2
*Infarction, pulmonary		1
Keratosis, seborrheic		1
Kyphosis, dorsal		2
*Laceration, pulmonary		1
Lipoma		2
Lupus erythematosis		1
Measles		1
Meniere's disease		1
Muscular dystrophy		1
*Mycobacteriosis Runyon's Group II		1
Myocardial ischemia, acute diffuse	.CV	1
Neoplasm, benign, breast		1
Neoplasm, benign, skin		4
Neoplasm, malignant, primary of bladder		1
Neoplasm, malignant, primary of breast		2
Neoplasm, malignant, primary of epiglottis		1
*Neoplasm, malignant, primary of lung		2
Neoplasm, malignant, primary of skin		2

Nephrolithiasis		1
Obesity, constitutional		4
Oedema, nutritional		1
Osteomyelitis, chronic		1
Otitis media, chronic		1
Parkinson's syndrome		1
*Periostitis of rib, chronic		1
Plantar's wart		1
*Pleurisy with effusion		6
*Pleuritis		1
*Pneumonia, broncho		9
*Pneumonia, lobar		2
*Pneumonitis		8
*Pneumothorax spontaneous		1
*Pneumothorax, traumatic		1
Polycythemia	CV	1
Prostatic hypertrophy		9
Psoriasis		5
Psychiatric conditions:		
Alcoholism		8
Anxiety state		4
Chronic brain syndrome		3
Depression		7
Hysteria		1
Menopausal syndrome		1
Mental defective		3
Mental retardation		3
Personality disorder		8
Psychoneurosis		3
Reactive depression		4
Schizophrenia		4
Situational reaction		1
Pterygium		1
Pyelonephritis		3
Rectocele		1
*Respiratory Insufficiency, chronic		2
*Sequestration, pulmonary		1
Shoulder–Hand syndrome		10
Strabismus, convergent		1
Syphilis, latent		3
Ulcer, decubitis		1
Ulcer, duodenal		2
Vaginitis, trichomonas		3
Varicose veins	CV	8

*indicates diseases of chest other than heart
CV indicates diseases of heart and blood vessels

Table IV a

NONTUBERCULOUS PATIENTS–DIAGNOSIS ON DISCHARGE

(includes sick staff admitted to other than sick staff rooms for care of minor illnesses)

	First Admissions	Readmissions*
Abscess, axillary	1	
Abscess submandibular	1	
Abscess lung	3	1
Asthma, bronchial	1	4
Berylliosis	1	
Bronchiectasis, non tuberculous	8	3
Bronchiolitis, subacute, due to hair spray inhalation	1	
Bronchitis, acute	2	
Bronchitis, chronic	4	1
Cystic Disease of Lung	9	5
Farmer's Lung		1
Haemothorax, spontaneous	1	
Haemothorax, traumatic	2	
Hamman–Rich syndrome	1	
Hypertensive Cardiovascular Disease	2	
Hypoplasia, congenital, lung		1
Influenza	1	
Mycobacteriosis, Runyon's Group II bacilli	1	
Neoplasm, benign, rib	1	
Neoplasm, malignant, primary lung	19	3
Neoplasm, malignant, primary mediastinum	2	
Neoplasm, secondary lung, primary kidney	1	
Neoplasm, secondary pleura, primary breast	1	
Neuromuscular disorder of oesophagus	1	
New bone formation rib, post-thoracotomy	1	
Oedema, pulmonary	1	
Ossification of pleura	1	
Pharyngotracheitis, acute	1	
Pleurisy with effusion	1	
Pneumonia, broncho	13	
Pneumonia, eosinophilic	2	
Pneumonia, lobar	5	
Pneumonitis	6	1
Pneumonoconiosis	1	
Pyelonephritis	1	
Rupture of spleen, traumatic	1	
Sarcoidosis, pulmonary	5	

Table VI a (cont'd.)
NONTUBERCULOUS PATIENTS–DIAGNOSIS ON DISCHARGE

(includes sick staff admitted to other than sick staff rooms for care of minor illness)

	First Admissions	Readmissions*
Sequestration, pulmonary	2	
Spontaneous pneumothorax	4	
Tonsillitis, chronic	1	
Tuberculin converter, no demonstrable disease	2	
No evidence of significant disease	12	1
Total	124	21

*previously treated at this institution

Table IV b
NONTUBERCULOUS PATIENTS DISCHARGED–Year 1967

Age Group and Sex

	First Admissions			Readmissions*
	Male	Female	Both Sexes	Total
0–9	2	3	5	
10–19	6	8	14	1
20–29	8	3	11	2
30–39	2	8	10	3
40–49	5	10	15	5
50–59	27	7	34	4
60–69	11	8	19	2
70–79	10	4	14	3
80+		2	2	1
Total	71	53	124	21

Table IV c

NONTUBERCULOUS PATIENTS DISCHARGED

Condition on Discharge

	First Admissions			Readmissions*
	Male	Female	Both Sexes	Total
Resolved	10	7	17	
Improved	32	28	60	17
Unchanged**	25	14	39	3
Dead	4	4	8	1
Total	71	53	124	21

* previously treated at this institution
** includes "unimproved"

Table IV d

NONTUBERCULOUS PATIENTS DISCHARGED—Year 1967

Health Unit referring case

Health Unit	First Admissions	Readmissions*
Atlantic	13	1
Cape Breton North	1	
Cape Breton South	0	
Cobequid	9	3
Fundy	61	13
Halifax City	1	
Lunenburg-Queens	6	1
Northumberland	13	1
Western	20	2
ALL UNITS	124	21

Table V

DISCHARGE CONDITION OF PATIENTS WITH TUBERCULOSIS–ALL FORMS

(Review cases excluded)

Calendar Year 1967

	First Admissions	Readmissions*
Inactive	14 or 8.6%	23 or 36.5%
Quiescent	2 or 1.2%	1 or 1.6%
Active Improved	137 or 84.0	32 or 50.8
Active Unimproved	2 or 1.2	2 or 3.2
Died	8 or 4.9	5 or 7.9
ALL DISCHARGES	163 or 100%	63 or 100%

*previously treated at this institution

Table VI a

TYPES OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS–ALL FORMS
First Admissions

	Calendar Year 1967			Calendar Year	Calendar Year
	Male	Female	Total	1966	1965
On Medical Advice to home (without drugs)	11 or 12.1%	5 or 7.0%	16 or 9.8%	34 or 24.6%	17 or 12.1%
To continue drugs at home	53 or 58.2	54 or 75.0	107 or 65.6	57 or 41.3	73 or 51.8
Transfer to other institutions	9 or 9.9	6 or 8.3	15 or 9.2	9 or 6.5	16 or 11.3
Against medical advice	7 or 7.7	6 or 8.3	13 or 8.0	27 or 19.6	26 or 18.4
Misconduct	4 or 4.4		4 or 2.5	7 or 5.1	3 or 2.1
Died	7 or 7.7	1 or 1.4	8 or 4.9	4 or 2.9	6 or 4.2
Total	91 or 100%	72 or 100%	163 or 100%	138 or 100%	141 or 100%

Table VI b

READMISSIONS*

	Calendar Year 1967			Calendar Year	Calendar Year
	Male	Female	Total	1966	1965
On Medical Advice to home (without drugs)	17 or 40.5%	7 or 33.3%	24 or 38.1%	27 or 45.0%	45 or 60.8%
To continue drugs at home	16 or 38.1	10 or 47.6	26 or 41.3	17 or 28.3	11 or 14.9
Transfer to other institutions	2 or 4.8	1 or 4.8	3 or 4.8	3 or 5.0	3 or 4.1
Against medical advice	1 or 2.4	3 or 14.3	4 or 6.4	8 or 13.3	7 or 9.5
Misconduct	1 or 2.4		1 or 1.6	1 or 1.7	3 or 4.1
Died	5 or 11.9		5 or 7.9	4 or 6.7	5 or 6.8
Total	42 or 100%	21 or 100%	63 or 100%	60 or 100%	74 or 100%

*previously treated at this institution

Table VI c

TYPES OF DISCHARGE OF PATIENTS–TUBERCULOSIS–ALL FORMS
All Discharges–Admissions and Readmissions*
(Review Cases excluded)

	Calendar Year 1967	Calendar Year 1966	Calendar Year 1965	Calendar Year 1964
On Medical Advice to home (without drugs) .	40 or 17.7%	61 or 30.8%	62 or 28.8%	46 or 20.9%
To continue drugs at home	133 or 58.8	74 or 37.4	84 or 39.1	105 or 47.7
Transfer to other institution	18 or 8.0	12 or 6.1	19 or 8.8	17 or 7.7
Against medical advice . . .	17 or 7.5	35 or 17.7	33 or 15.3	26 or 11.8
Misconduct	5 or 2.2	8 or 4.0	6 or 2.8	2 or 0.9
Died	13 or 5.8	8 or 4.0	11 or 5.1	24 or 10.9
Total	226 or 100%	198 or 100%	215 or 100%	220 or 100%

Table VI d

IRREGULAR DISCHARGES** TUBERCULOSIS–ALL FORMS–AGE GROUPS

	Calendar Year 1967				1967	1966
	First Admissions		Readmissions*		Total and percentage of all discharges in same age group	Total and percentage of all discharges in same age group
	Males	Females	Total	Total		
0–9			0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%
10–19			0 or 0.0%	0 or 0.0%	0 or 0.0%	5 or 41.7
20–29		2 or 18.2	2 or 11.7	1 or 50.0	3 or 15.8	5 or 23.8
30–39	2 or 15.4	1 or 12.5	3 or 14.3	1 or 16.7	4 or 14.8	8 or 26.7
40–49	5 or 31.2	2 or 22.2	7 or 28.0		7 or 16.3	9 or 23.7
50–59	2 or 11.7		2 or 8.3	2 or 10.5	4 or 9.3	11 or 19.6
60+	2 or 11.1	1 or 11.1	3 or 11.1	1 or 5.9	4 or 9.1	5 or 13.2
All Ages	11 or 12.1	6 or 8.3	17 or 10.4	5 or 7.9	22 or 9.7	43 or 21.7

*previously treated at this institution

**Against medical advice and for misconduct (percentage refers to ratio of irregular discharges to total number of discharges in that age group)

Table VI e

IRREGULAR DISCHARGES

AMERICAN THORACIC SOCIETY FORMULA

Total number of patients discharged Jan. 1 to Dec. 31, 1967		386
Total deductions		190
(a) Deaths	22	
(b) Nontb. discharges	135	
(c) Transfer to other hospitals for continuation of Tb. treatment	18	
(d) Discharges of patients admitted for observation, diagnostic procedures, special examinations, or follow-up and for whom less than 30 days' hospitalization was anticipated by original intent	15	
(e) Discharges of court order patients from locked wards	0	
Net Tb. discharges		196
Total irregular discharges		22
a) Against medical advice (disease unstable: 6)	17	
b) Disciplinary (disease unstable: 3)	5	
Per cent irregular discharges 1967 (item 4 ÷ 3 x 100)		11.2
Per cent irregular discharges 1966	24.2	
Per cent irregular discharges 1965	21.1	
Per cent irregular discharges 1964	15.5	
Per cent irregular discharges 1963	13.1	
Per cent irregular discharges 1962	19.7	
Per cent irregular discharges 1961	21.8	
Per cent irregular discharges 1960	19.2	
Per cent irregular discharges 1959	39.5	

Table VII

ADMISSION DIAGNOSIS OF PATIENTS DISCHARGED
(Pulmonary Tuberculosis only)
Review cases excluded

	FIRST ADMISSIONS						Readmissions*
	Calendar Year 1967			Fiscal Years ending in			Calendar
				1957	1947	1937	Year 1967
	Males	Females	Total	Total	Total	Total	Total
Primary	13 or 15.7%	18 or 28.1%	31 or 21.1%				
Minimal	17 or 20.5	13 or 20.3	30 or 20.4	34 or 13.7%	40 or 16.2%	39 or 19.1%	10 or 17.2%
Moderately advanced	24 or 28.9	22 or 34.4	46 or 31.3	116 or 49.2	117 or 47.6	55 or 27.0	26 or 44.8
Far advanced	27 or 32.5	10 or 15.6	37 or 25.2	52 or 37.1	89 or 36.2	110 or 53.9	20 or 34.5
Miliary		1 or 1.6	1 or 0.7				1 or 1.7
Other	2 or 2.4		2 or 1.4				1 or 1.7
All Diagnoses	83 or 100%	64 or 100%	147 or 100%	202 or 100%	246 or 100%	204 or 100%	58 or 100%

*previously treated at this institution

TAble VIII a **AGES AT TIME OF ADMISSION OF PATIENTS DISCHARGED DURING 1967**
Pulmonary Tuberculosis only—Primary and Reinfection Type
(Review cases excluded)

Age Group	First Admissions						Readmissions*
	Calendar Year 1967			Fiscal Years ending in 1957	1947	1937	Calendar Year—1967
	Males	Females	Total	Total	Total	Total	Total
0–9	6		6	2			
10–19	13	26	39	35	44	40	2
20–29	7	9	16	52	96	103	6
30–39	9	7	16	52	54	34	17
40–49	16	9	25	35	33	17	16
50–59	15	6	21	17	10	9	17
60+	17	7	24	9	9	1	
All Ages	83	64	147	202	246	204	58
Averages ages	42.1	32.9	38.0	33.0	30.8	27.9	52.3
Averages 1966	46.4	40.3	43.9				53.6
Averages 1965	41.9	41.3	41.7				52.0

*previously treated at this institution

Table VIII b

AGE GROUPS AND SEX OF PATIENTS IN RESIDENCE
(Actual age on last day of year)
Tuberculosis–All forms)
(Review cases excluded)

Age Group	On December 31, 1967					On December 31, 1966		On December 31, 1965	
	Male	Female	Total	Percentage Actual	Percentage Cumulative	Total	Cumulative Percentage	Total	Cumulative Percentage
0–4	4	1	5	4.3	4.3	5	3.5	2	1.6
5–9	2	4	6	5.1	9.4	5	7.0	3	4.0
10–14	3	1	4	3.4	12.8	5	10.6	2	5.6
15–19	3	7	10	8.5	21.3	13	19.8	5	9.5
20–29	3	4	7	6.0	27.3	14	29.8	7	15.0
30–39	5	4	9	7.7	35.0	18	42.6	21	31.5
40–49	12	10	22	18.8	53.8	23	58.9	20	47.2
50–59	13	1	14	12.0	65.8	18	71.7	30	70.8
60–69	19	3	22	18.8	84.6	22	87.3	19	85.8
70–79	13	3	16	13.7	98.3	15	97.9	12	95.3
80+	2		2	1.7	100%	3	100%	6	100%
All Ages	79	38	117	100		141		127	

Table VIII c

EXTENT OF DISEASE AND SEX OF PATIENTS IN RESIDENCE

Tuberculosis—All Forms

(Includes First Admissions and Readmissions, excluding review)

December 31, 1967

Extent of Disease	Males	Females	Total	Percentage
Primary	12	8	20	17.1
Minimal	5	5	10	8.5
Moderately advanced .	23	6	29	24.8
Far advanced	36	16	52	44.4
Other tuberculosis . .	3	3	6	5.1
All Diagnoses	79	38	117	100%

Table VIII d

AGE GROUPS AND PRINCIPAL TUBERCULOSIS DIAGNOSIS OF PATIENTS IN RESIDENCE

Age Group	December 31, 1967						Dec. 31 1966 Total
	Primary	Minimal	Mod. Advanced	Far Advanced	Non Respiratory	Total	
0–4	5					5	5
5–9	5				1	6	5
10–14	4					4	5
15–19	5	2	1	2		10	13
20–29	1		5	1		7	14
30–39		1	1	7.		9	18
40–49		2	5	14	1	22	23
50–59		1	7	6		14	18
60–69		3	5	11	3	22	22
70–79		1	3	11	1	16	15
80+			2			2	3
All Ages	20	10	29	52	6	117	141

Table VIII e

AGE GROUPS AND SEX OF PATIENTS ADMITTED AND READMITTED DURING YEAR

TUBERCULOSIS—ALL FORMS

(Review cases excluded)

Age Group	Calendar Year 1967				1966		1965	
	Male	Female	Total	Percentage	Total	Percentage	Total	Percentage
0–4	3	1	4	2.0	6	2.9	3	1.4
5–9	2	1	3	1.5	4	1.9	2	1.0
10–14	6	3	9	4.5	4	1.9	2	1.0
15–19	9	24	33	16.4	17	8.1	6	2.9
20–29	5	6	11	5.5	27	12.9	23	11.0
30–39	10	8	18	9.0	27	12.9	34	16.2
40–49	21	20	41	20.4	38	18.1	37	17.7
50–59	26	13	39	19.4	44	21.0	48	23.0
60–69	20	4	24	11.9	20	9.5	31	14.8
70–79	13	2	15	7.5	18	8.6	17	8.1
80+	3	1	4	2.0	5	2.4	6	2.9
All Ages	118	83	201	100%	210	100%	209	100%

Table IX

RELIGION OF PATIENTS DISCHARGED
Tuberculosis—All forms
(Review cases excluded)
Calendar Year 1967

	First Admissions and Readmissions*
Advent Christian	1 or 0.4%
Anglican	45 or 19.9
Baptist	44 or 19.5
Catholic, Roman	94 or 41.6
Church of Christ Disciples	1 or 0.4
Church of the Nazarene	1 or 0.4
Hindu	2 or 0.9
Lutheran	1 or 0.4
Moslem	1 or 0.4
Presbyterian	9 or 4.0
Salvation Army	2 or 0.9
United Church	25 or 11.1
All Discharges	226 or 100%

*previously treated at this institution

Table X
RESIDENCE OF PATIENTS DISCHARGED
Tuberculosis–All Forms
(Review cases excluded)
Calendar Year 1967

	First Admissions			Readmissions*		
	Male	Female	Total	Male	Female	Total
Annapolis County	3	1	4	4	3	7
Antigonish County	1	2	3	0	0	0
Cape Breton County	7	2	9	1	0	1
Colchester County	1	2	3	2	0	2
Cumberland County	8	5	13	2	1	3
Digby County	14	21	35	4	1	5
Guysborough County	5	1	6	0	0	0
Halifax City	14	3	17	2	0	2
Halifax County	17	11	28	6	3	9
Hants County	1	2	3	0	2	2
Inverness County	1	2	3	0	0	0
Kings County	7	5	12	7	8	15
Lunenburg County	3	5	8	6	0	6
Pictou County	5	2	7	3	2	5
Queens County	1	0	1	0	0	0
Richmond County	0	2	2	0	0	0
Shelburne County	0	2	2	3	1	4
Victoria County	0	0	0	0	0	0
Yarmouth County	0	4	4	2	0	2
Out of Province	3	0	3	0	0	0
Total	91	72	163	42	21	63

*previously treated at this institution

Table XI

SURGICAL PROCEDURES

Calendar Year 1967

A. Artificial pneumoperitoneum		0
B. Primary Thoracoplasty		0
C. Pulmonary Resection		65
Indications: (including biopsy* for diagnostic purposes)		
Bronchiectasis	2	
Carcinoma, bronchogenic	9	
Emphysema	8	
Granuloma, eosinophilic	1	
Infarction, pulmonary	1	
Pneumonitis	1*	
Sarcoidosis	2*	
Sequestration, pulmonary	3	
Tuberculosis	38	
For Pulmonary Tuberculosis: Type of operation		
Lobectomy and Wedge resection	1	
Lobectomy	13	
Segmentectomy, multiple	3	
Segmentectomy, single	3	
Wedge Resection, single	18	
Operative mortality (within 60 days)		0.0%**

**Based on tuberculosis cases only

Table XI D

RESECTIONAL THERAPY ON PATIENTS DISCHARGED
Pulmonary Tuberculosis only—according to extent of disease

FIRST ADMISSIONS

Extent of Disease	Calendar Year 1967			1966	1965	1964	1963
	Male	Female	Total	Total	Total	Total	Total
Minimal	3 or 19%	5 or 38%	8 or 27%	8 or 27%	9 or 27%	9 or 30%	6 or 25%
Moderately advanced	5 or 21	7 or 32	12 or 26	15 or 30	24 or 49	27 or 57	34 or 53
Far advanced	7 or 26	3 or 30	10 or 27	14 or 38	9 or 29	15 or 47	9 or 26
Total	15 or 22%	15 or 33%	30 or 27%	37 or 32%	42 or 37%	51 or 46%	49 or 40%
Bilateral operations	1	0	1	1	2	2	8

READMISSIONS*

Extent of Disease	Calendar Year 1967			1966	1965	1964	1963
	Male	Female	Total	Total	Total	Total	Total
Minimal	1 or 33%	0 or 0%	1 or 14%	3 or 20%	2 or 13%	3 or 16%	0 or 0%
Moderately advanced	4 or 45	0 or 0	4 or 23	5 or 22	4 or 13	4 or 18	3 or 18
Far advanced	2 or 33	2 or 25	4 or 29	0 or 0	2 or 9	4 or 13	3 or 14
Total	7 or 39%	2 or 10%	9 or 24%	8 or 15%	8 or 12%	11 or 15%	6 or 12%
Bilateral operations	1	0	1	0	0	1	1

E. Sundry Surgical Procedures–Major:

Appendectomy	1
Cholecystotomy	1
Delivery, obstetrical	2
Extraperiosteal plombage of lung	1
Gastrectomy, subtotal	1
Herniorrhaphy	1
Nephrectomy	1
Nephrectomy, hemi	1
Nephrotomy	1
Nephroureterectomy	4
Oophorotomy	1
Pleurectomy	2
Pneumonotomy and rib resection	1
Prostectomy, suprapubic	1
Removal of plombage and thoracoplasty	1
Rib resection, radical	1
Schede, modified	1
Splenectomy	1
Thoracoplasty and closure of fistula	1
Thoracoplasty and drainage of empyema	1
Transurethral resection of prostate	2

F. Sundry Surgical Procedures–Minor:

Application of plaster cast	5
Aspiration of abdominal fluid	1
Aspiration of pleural fluid	75
Biopsy, growth	8
Biopsy, muscle	2
Biopsy, pleural tissue	15
Biopsy, scalene node	21
Blood transfusion–bottles of blood used	234
Cauterization of wart	3
Excision of benign breast tumour	1
Excision of cervical lymph nodes	5
Excision of cyst	5
Excision of fibroma	1
Excision of keratosis	4
Excision of lipoma	2
Excision of mole	9
Excision of papilloma	3
Excision of wart	2
Fulguration of bladder	1
Incision and drainage of abscess	4
Injection of warts	3

Mastectomy (male)	2
Reduction of fracture	2
Removal of plaster cast	2
Suturing of wound	1
Thoracostomy	14
Unguectomy	5

G. Anaesthesia:

Ether	4
Novocaine 2%	185
Pentothal Sodium	6
Pentothal Sodium + Novocaine	3
Pentothal Sodium + ether + oxygen	15
Pentothal Sodium + ether + nitrous oxide	2
Pentothal Sodium + ether + cyclopropane + oxygen.	80
Pontocaine 2% topical	366
Spinal	4
Xylocaine 4%	4

Table XII

X-RAY DEPARTMENT REPORT

Abdominal, flat film	12
Barium enema	16
Bones & Joints	276
Bronchogram	93
Bronchospirometry	6
Chest	5116
Cystogram	3
Dental	12
Fistula, contrast media	13
Gall Bladder	6
Gastrointestinal (complete)	22
Kidney-Ureter-Bladder	37
Oesophagus	1
Outside films interpreted	1758
—interpreted for Director of Tuberculosis Control, City of Halifax	703
—interpreted for others	1055
Planigrams	130
Sinus and Mastoid	9
Total	7510

3389 Outpatient X-ray examinations included in above table

Film developing service for Department of Public Health:

Atlantic Health Unit	401
Cobequid Health Unit	4489

Fundy Health Unit	1676
Northumberland Health Unit	4434
Western Health Unit	6865
All Units	17,865

Table XIII

LABORATORY REPORT

Units of work performed:	1967	1966	1965
General Laboratory	94,359	80,366	69,199
Milk and Water Laboratory	11,661	12,207	12,581
Total Units performed in Nova Scotia Sanatorium Laboratory	106,020	92,573	81,780
Units of Work performed for the Sanatorium by Public Health, Red Cross and Biochemistry Laboratories, Halifax	17,121	11,764	7,374
Units of Work performed for the Sanatorium by:			
Pathology Laboratory, Halifax	1,616*	1,240	1,064
Blanchard-Fraser Memorial Hospital Laboratory, Kentville	158	162	48
Total Units of Work for Sanatorium specimens	124,915	104,499	90,266

*Surgical and autopsy specimens rated at 8 units of work for each 193 operative specimens plus 9 complete autopsies.

Bacteriology:

Atypical mycobacteria for identification	15
Atypical mycobacteria sub-cultures	116
Bronchoscopic specimens for tubercle bacilli:	
Concentrated cultures	214
Cerebrospinal fluid specimens for tubercle bacilli :	
Direct cultures	8
Direct smears	2
Gastric lavages for tubercle bacilli:	
Concentrated cultures	2087
Concentrated smears	451
Miscellaneous specimens for tubercle bacilli:	
Concentrated cultures	259
Concentrated smears	118
Direct cultures	190
Direct smears	91

Niacin testing	198
Sputum specimens for tubercle bacilli:	
Concentrated cultures	3397
Concentrated smears	1497
Tubercle bacilli sensitivities:	262
Urines for tubercle bacilli:	
Concentrated cultures	699
Concentrated smears	301
Seconary Organisms:	
Blood cultures	14
Cerebrospinal fluid culture	1
General antibiotic sensitivity tests	181
Miscellaneous cultures	607
Miscellaneous smears	3
Sputum	424
Sterilities	44
Throat and Nose	2272
Urine	134

Biochemistry:

Bromsulphalein	173
Cephalin Cholesterol Flocculation	12
Collections	1422
Creatinine, blood	2
Gastric Analysis, 12 hour specimens	2
Glucose	1686
Glucose tolerance	11
Ictotest, serum	19
Non Protein Nitrogen	25
Thymol Turbidity	30
Total Protein, A/G Ratio	61
Urea Nitrogen	453
Van den Bergh	21

Cerebrospinal Fluid:

Cell Count	6
Chlorides	5
Protein	5
Sugar	4

Faeces:

Occult blood	70
Ova and Parasites, concentrated	9
Ova and Parasites, slide	6
Urobilin	1

Haematology:

Collections	620
Differential counts	1830
Fragility test	2
Hematocrits	1980
Hemoglobin estimations	2522
L. E. Cells	16
Mono test	13
Partial Thromboplastin Time	9
Platelet counts	24
Prothrombins	26
Red Blood Cell count	3
Reticulocyte count	14
Sedimentation rates	1980
White Blood Cell count	2459

Pleural Fluid:

Specific Gravity	5
Smear for cells	1
Total Protein	2

Milk and Water Examinations:

Samples tested for coliform organisms:

Chocolate Dairy Drink	98
Cream	44
Ice Cream Mix	33
Milks	474
Ice Cream	13
Total dairy products	662
Water	1249

Samples tested for phosphatase:

Chocolate Dairy Drink	98
Cream	44
Ice Cream	13
Ice Cream Mix	33
Milks	462

Total phosphatase tests	650
Other tests:	
Plate counts, milk	131
restaurants and taverns	805
Resazurins	195

Pathology:

Collections and mailing	476
Serology collections	303

Urines:

Individual constituents	83
Routine urinalysis	2019
Trichomonas smears	59

Tests Performed in the Biochemistry Department, V. G. Hospital:

Blood and urine specimens:	
Alkaline Phosphatase	65
Amylase	3
Bicarbonate	21
Calcium	24
Chlorides	20
Cholesterol	73
Electrophoresis, protein differential	11
17 Keto-Steroids	3
17 OH-corticoids	10
Other urinary hormones	9
Phosphorous	15
Potassium	20
Protein bound iodine	19
Sodium	20
Transaminase	48
Uric Acid	29
Urine for pregnancy	15
Thyroxine	1
Vitamin C	1
Cerebrospinal Fluid:	
Mastic Curve	1

Tests Performed in Public Health Laboratory, Halifax:

Bacteriology:	
Culture for identification	2

Fungi, culture	4
General sensitivity	1
Gonococcus smears	140
Stools for enteric	16
Widal	3
Hematology:	
Bone Marrow	6
Iron and Iron Binding Capacity	3
L. E. Cells	17
Pathology:	
Papanicolaou Smears	947
Pleural Fluid:	
Fat Content	1
Serology:	
Latex Fixation	20
Paul Bunnell	6
V.D.R.L.	603

Tests Performed in the Red Cross Laboratory:

Blood Group, Cross Match, Rh, for surgery	510
Maternal antibodies	1

Tests Performed in the Blanchard-Fraser Memorial Hospital Laboratory:

Cross match for surgery	36

Note:

We continue to acknowledge our indebtedness to the Laboratory Services of the Department of Public Health, and the Biochemistry Service of the Victoria General Hospital, and to the Red Cross Blood Transfusion Service for invaluable assistance rendered throughout the year.

Table XIV **SPECIAL SERVICES**

	1967	1966
A. Outpatient Department:		
(1) Total visits to chest clinic	3389	3297
Ex-patients .720		
Staff .1247		
Others .1422		
(2) Number of old cases reactivated	3	3
(3) Number of newly diagnosed cases	0	5

(4) B.C.G. Clinic:		
Total vaccinations	77	75
Nurses–graduate 0		
–student 0		
–other 35		
Other hospital personnel 39		
Adults and children–contacts 0		
Adults and children–not contacts 3		

B. Bronchoscopy Service:

Bronchoscopy examinations	260	246

C. Physical Medicine Service:

(1) Treatments

Exercise–active and passive	6536	8423
Massage	290	226
Infra red light therapy	1980	2042
Short wave therapy	1417	2475
Steam packs	913	1379
Wax baths	803	538
Ultra sonic muscle stimulation	1031	1359
Intermittent Positive Pressure Breathing	3733	2742
Postural Drainage*	1248	813

*Postural Drainage includes 971 with IPPB to facilitate the procedure

(2) Diagnostic Procedures

Blood Gas studies	54	27
Bronchospirometry	6	10
Electrocardiograms	271	223
Pulmonary Function tests	71	69

D. Mental Health Services:

	Patients	Visits
Service by Psychiatrists:		
Brain Disorders	2	4
Mental Deficiency	3	7
Psychotic Disorders	6	9
Psychophysiologic Disorders	3	14
Psychoneurotic Disorders	17	29
Personality Disorders	3	11
Situational Adjustment Reactions	9	17
Toxic State	1	1
No diagnosis	5	6
	49	98
Psychiatric Lecture Series to Nurses-in Training		12

E. Dental Services:

Dental Service by Dentist:

Examinations	149
Prophylactic treatments	58
Extractions	161
Fillings	197
Dentures (professional service only)	37

Dental Services by Dental Hygienist:

Teeth examined and cleaned	135
Topical application of fluoride	99

F. Special Examinations:

Allergy tests	14
Autopsy examinations	9
Autopsy rate	41%
Cystoscopy	13
Electrocardiograms interpreted for Point Edward Hospital	103
Electroconvulsive therapy	2
Esophagoscopy	1
Injection of joint	1
Lumbar puncture	6
Pelvic examination	93
Piercing of ears	17
Prenatal examination	20
Sigmoidoscopy	4
Sternal puncture	17

Table XV

SPONSORSHIP OF PATIENTS HOSPITALIZED

	1965	1966	1967
Department of National Defence–Army	0	1	0
Navy	2	5	6
Air Force	2	1	0
Department of National Health & Welfare, Medical Services:			
(a) Immigration Medical Service	0	0	0
(b) Indian and Northern Health Services	9	10	8
(c) Sick Mariners Service	3	2	4
Department of Veterans Affairs:	18	11	14
Reciprocal Agreement:			
(a) with Ontario	0	0	0
(b) with New Brunswick	0	0	0
(c) with Prince Edward Island	0	0	0
Other:			
(a) Private shipping company	1	1	1
(b) U. S. citizen	0	1	0
Department of Public Health of Nova Scotia	441	451	480
Total	476	483	513

Nineteenth Annual Report

OF

Point Edward Hospital

NOVA SCOTIA

DEPARTMENT OF PUBLIC HEALTH

SYDNEY, NOVA SCOTIA

FOR THE CALENDAR YEAR
ENDING DECEMBER 31, 1967

HONOURABLE RICHARD A. DONAHOE

Minister of Public Health

Doctor J. S. Robertson
Deputy Minister

Doctor J. E. Hiltz
Administrator of Tuberculosis Control Services

MEDICAL STAFF

Medical Superintendent . . . . . Dr. D.S. Robb
Asst. Medical Superintendent . . . . . Dr. T. Krzyski
Staff Physician . . . . . .Dr. D. M. Muir–Resigned June 15, 1967
Consultants . . . . . Dr. D. B. Archibald–Urology
Dr. W. MacIsaac–Bronchoscopy
Courtesy Consultants . . . . . Dr. H. R. Corbett–Radiology
Dr. E. C. McDonagh–Psychiatry
Dr. R. Mathieson–Pathology
Dr. H. M. Holden–Electrocardiology

NURSING STAFF

Director of Nursing . . . . . .Miss Katherine MacKenzie
Asst. Director of Nursing . . . . . .Mrs. Flora McDonald
Head of Teaching Department . . . . . Mrs. Winnifred Protheroe
O. R. Supervisor . . . . . Miss Helen Chiasson
Evening Supervisor . . . . . Miss Margaret Bates
Night Supervisor . . . . . .Mrs. Edna MacDougall
Relief Supervisor . . . . . .Miss Helen MacKenzie
Head Nurse–Ward A . . . . . Miss Theresa Bisson
–Ward B . . . . . Mrs. Irene Pierrynowski
–Ward C . . . . . Mrs. Elizabeth Reid
–Ward D . . . . . Mrs. Lenore Lawley

ADMINISTRATIVE AND TECHNICAL STAFF

Medical Superintendent . . . . . .Dr. D. S. Robb
Chief Clerk . . . . . Mrs. Margaret MacKenzie
Stores Supervisor . . . . . Mrs. Isobel MacPherson
Rehabilitation Supervisor . . . . . .Mr. James MacDougall
X-Ray Technician . . . . . Mrs. Ada O'Callaghan
Laboratory Technician . . . . . .Miss Margaret Lamond
Dietitian . . . . . .Mrs. Edith Burchell–Retired Aug. 31, 1967
Miss B. Joyce Lewis–Appointed Sept. 1, 1967
Housekeeper . . . . . .Mrs. Greta MacDougall–Resigned May 31, 1967
Mrs. Maude Sutton–Appointed June 1, 1967
Medical Records . . . . . Miss Vivian Fraser

ANNUAL REPORT OF POINT EDWARD HOSPITAL
Sydney, N. S.
–1967–

THE MOOD OF THE YEAR

During Centennial Year a spirit of exhilaration pervaded the entire country, but nevertheless it must be said that in Cape Breton Island the year 1967 ended in a mood of dismay following Black Friday's announcement that the Steel Industry, upon which the economy of the entire area was based, would be closed within a few months. The gloom of that day has subsequently given way to hope, as the Steel Industry has been taken over by government, and shows promise of a more prosperous future.

MEDICAL TRENDS

At Point Edward Hospital the year 1967 witnessed a slight further decline in the number of patients admitted, and a growing awareness in the community that should this trend continue, there would inevitably come a time when it would be economically desirable, from a Provincial viewpoint, to close this hospital and concentrate the institutional treatment of tuberculosis in the province in just one tuberculosis hospital, the Nova Scotia Sanatorium in Kentville. There was a growing recognition of the fact that not only would such a closing of this hospital prove yet another economic blow to the community in the withdrawal of an industry with almost 150 employees, but it would impose additional hardships on patients required to take treatment far from home and would create another obstacle to the ultimate control of tuberculosis in this part of the province. This was coupled with an increasing recognition of the services being provided in Point Edward, and an increasing awareness of the need to improve medical diagnostic and treatment facilities in Industrial Cape Breton, to bring such facilities up to the standards common to other large population centers, and a realization that progress towards such a goal would not be furthered by reducing services at Point Edward Hospital until alternative, or better, facilities had been provided in another hospital in this area.

OBJECTIVES

Just what contribution does Point Edward Hospital make to the health of the community? The hospital was opened on January 14, 1949, by the Tuberculosis Control Service of the Nova Scotia Department of Public Health, in buildings built for temporary War-Time use as part of the Point Edward Naval Base during World War II, and used briefly after the war by the Department of Veterans' Affairs, and then leased to the Nova Scotia Government when no longer required for Federal Government purposes. The primary objective was to provide facilities for the diagnosis and treatment of tuberculosis, both pulmonary and extra-pulmonary (both in order to heal the patient and to protect the community from infection), and secondarily to

provide diagnostic facilities for other pulmonary diseases which at times simulate tuberculosis. High on this latter list appear those cases of coal miners' dust disease, or pneumonoconiosis, where silicosis and anthracosilicosis are frequently complicated by tuberculosis. Also high on the list are those cases of chronic bronchitis and emphysema where patients in severe respiratory distress require long-term treatment beyond the scope of our general hospitals to provide.

TB ADMISSIONS

During recent years there has been a gradual decline in the number of patients admitted for the investigation and treatment of tuberculosis, but the figure is still appreciable, with 143 tuberculosis and 30 non-tuberculous admissions during the calendar year 1967. Of these just over 50% were in the "Far advanced" or "Moderately advanced" stages of the disease, while 19% were minimal, 14% had genito-urinary tuberculosis, and 10% were pneumonoconiotic. Details can be found in the Table 3–A appended to this report.

TB TREATMENT–Medical

Treatment for tuberculosis has remained essentially the same during the past year, although vastly improved over treatment when this hospital was first opened. Chief reliance remains on the administering of a combination of two or more of the anti-tuberculosis drugs, normally for two years or more. These drugs do not "cure" TB–they merely impede the multiplication of the bacilli which cause the disease, and so make it easier for the body to do its healing. Thus, although much less reliance is placed on bed rest than in former years, an initial period of hospitalization is indicated, for a number of reasons: (a) To protect the public from infection in the early stages when the disease is contagious. (b) To give the patient an opportunity to "rest" away from the distractions of normal life, and so provide the body a better opportunity to heal the disease. (c) To allow better investigation of the disease and a better selection of the particular combination of drugs best calculated to bring that disease under control, and also to better protect the patient from the undesirable side-effects or allergic reactions not uncommonly encountered in the early months of treatment. (d) To reduce the hazard of developing strains of the infecting organism resistant to treatment–by teaching the patient to take his medication, the proper drugs for his particular bacilli, in the proper dosage, in proper combination, without interruption, and for a sufficiently long period of time. (e) To discover those patients who in addition to medical treatment require surgery to bring their disease under adequate control.

TB TREATMENT–Surgical

Thus during the year twelve patients were transferred to the Nova Scotia Sanatorium in Kentville for surgery, to remove surgically areas of lung too badly destroyed by disease to be restored by medical treatment, where

healing was considered inadequate, where the hazards of persisting activity or anticipated subsequent reactivation could be reduced by surgical extirpation.

TB TREATMENT—Out-patient

Table 1 at the end of this report gives the average length of stay in hospital as 131 days in 1967 as compared with 184 in 1966. Unfortunately this figure by itself means little, as it averages all patients, those in for brief investigation as well as those in for long-term treatment, and makes no account of the Nova Scotia Sanatorium phase of treatment of those receiving treatment for the one illness in both institutions. However, it is nevertheless obvious that the average Tbc patient receives only a fraction of his minimum two-year course of Tb chemotherapy in hospital, and that much of his treatment is continued at home following discharge from hospital. Supervision of such home therapy comes under the Health Unit Directors and the Public Health Nurses, and unfortunately with a population as scattered as ours in Nova Scotia, it is frequently impossible for such supervision to be truly adequate.

OUT-PATIENT CHEST CLINIC

Point Edward Hospital does supplement the work of the Health Unit Directors by operating an Out-Patient Chest Clinic. During the year 200 patients made 326 visits to the Clinic. Not all of these were x-rayed on each visit, and in addition a number of others had chest x-rays here without formally passing through the Clinic. Those attending our Clinic normally receive a clinical assessment as well as a chest x-ray, and have the advantage of receiving an immediate preliminary verbal report as well as a subsequent detailed written report to the referring physician, the Health Unit Director, and the Administrator of Tb Control Services.

In spite of the availability of follow-up services, Clinics held under provincial auspices by the Health Unit Directors and the Tuberculosis hospitals, clinics in the x-ray departments of general hospitals, and so forth, it is unfortunate that so many individuals who have had Tb at one time fail to continue having regular check-ups. We normally recommend that such check-ups should be at least every six months until the disease has been "inactive" for five years, and then at least yearly for life—as it is well established that Tuberculosis, even when apparently healed, can reactivate at any time—three, five, fifteen, fifty years later.

We are repeatedly distressed by the number of patients admitted to this hospital with reactivation of old disease, patients who had gone some years without a check up and now presenting with far advanced reactivation which is difficult and at times impossible to control, but which should have quickly responded to treatment had the reactivation been discovered in the early rather than in the late stages. Thus we would urge ex-patients and physicians that greater use should be made of chest clinic facilities.

NON-TB ADMISSIONS

Facilities are provided in Point Edward Hospital for investigation and treatment of certain other non-tuberculous chest disease which may prove problems to the general hospitals. Of the thirty non-tuberculous patients admitted during the year, seven were found to have cancer of the lungs, a greatly increased incidence in recent years, attributable to the increasing number of long term heavy-smokers in our population. These were referred to the Nova Scotia Tumour Clinic in Halifax for definitive (or palliative) treatment. Six were found to have non-tuberculous bronchopneumonias which responded promptly to treatment; four patients had simple or uncomplicated pneumonoconiosis, two sarcoidosis, and so forth. Details can be found in Table 3-B at the end of this report.

STUDENT NURSING AFFILIATION

During the year 113 student nurses came to us from six Hospital Schools of Nursing for periods of affiliation training in tuberculosis and chest diseases. Hospitals participating in this program were St. Martha Hospital in Antigonish, St. Elizabeth Hospital in North Sydney, The City Hospital and St. Rita Hospital in Sydney, and the Glace Bay General and St. Joseph Hospital in Glace Bay. Ten courses were given during the year; courses were usually for four week periods, but one two-week and one one-week course were tried on an experimental basis, anticipating the time when the period of training for student nurses will be reduced from the present standard three-year course to a two-year course. We did not consider that the abbreviated affiliate course offered the students an adequate Educational Experience in tuberculosis and chest diseases.

THE MEDICAL STAFF

The full-time medical staff was decreased during the year from three to two physicians, with the resignation as of June 15, 1967, of Doctor D.M. Muir, who had served as Staff Physician with the Department of Public Health for almost twenty years, first at Roseway Hospital in Shelburne, and since 1961 at Point Edward Hospital. Doctor Muir resigned to accept a position as Pensions Examiner for the Department of Veterans' Affairs in Ottawa. The "Little Doc", as he was known to his patients, who held him in high esteem, has been greatly missed.

However, because of a decline in the total patient volume, no replacement appointment has been made, and we have carried on with just two full time physicians—the Medical Superintendent, who has administrative as well as clinical responsibilities (and who, incidentally during the year received his "Twenty-Five Year Pin" for service with the Department of Public Health)—and Doctor Krzyski (or Doctor "Christie", if you find the Polish version of the name unfamiliar), who has been with us since 1953 and who does a greater part of the clinical work.

MEDICAL CONSULTANTS

We would pause to pay tribute to our two salaried medical consultants, Doctor D.B. Archibald in Urology, and Doctor W. MacIsaac in Bronchoscopy. Both visit the hospital usually once a month, or more often as required; both have been faithful and have added very significantly to our scope of diagnostic and therapeutic procedures.

Other physicians have provided invaluable service during the year. Doctor E. C. McDonagh of the Cape Breton Mental Health Clinic, has been our Psychiatric consultant. Doctor R. Mathieson, Pathologist with the Sydney City Hospital Laboratory, although extremely busy with "his own work", has accepted from us a considerable volume of the more complicated examinations beyond the scope of our own Laboratory Details may be found in Table 19, appended to this report. We are also indebted to the Public Health Laboratory in Halifax, for a considerable volume of T.B. Culture work, Bronchial Cytology, and occasional other examinations.

We would also here express our appreciation to Doctor H. M. Holden, of the staff of the Nova Scotia Sanatorium, for her consultations in electrocardiography, as well as to the full medical staff of the Nova Scotia Sanatorium, to whom we have referred problem cases.

OTHER STAFF: Nursing

Fortunately the Nursing staff remained constant during the year, towers of strength when other departments were undergoing major supervisory changes.

DIETARY

We were happy with the appointment of a new Chief Dietitian (our only dietitian), Miss Beryl J. Lewis, on September 1st. Although we were sorry to lose Mrs. Edith Burchell we were happy that she could at long last retire in contentment—she certainly deserved our deep appreciation for her long and faithful service, and especially her returning to duty after a serious heart attack and staying with us, even if on a day-to-day basis, well beyond her retiring age, because of her loyalty to the institution and her refusal to leave us in the lurch until we had obtained the services of a dietitian willing to take her place in this somewhat difficult position. We should add the post-script here that Miss Lewis is working into her new duties well, and we are all happy.

HOUSEKEEPING

At the end of May our Hospital Housekeeper, Mrs. Greta MacDougall, resigned, and moved on to greener pastures. Her position has been ably filled by the promotion of Mrs. Laura Maude Sutton, from our own staff.

MAINTENANCE

A highlight of the year was the appointment of Mr. Hubert Lewis as Maintenance Foreman. Perhaps it is well said that it is an ill wind which blows nobody good, for Mr. Lewis was released with the closing of the Point Edward Naval Base next door. He has ably filled the position of Maintenance Foreman, and the maintenance department, although gradually reducing in numbers, has been much more effective since he took over.

BUSINESS and CLERICAL

Two changes occurred in our Business staff, with the transfer of Robert Steele, assistant stores clerk, to the Department of Public Welfare, and resignation of one of our Receptionist-PBX clerks, Mrs. Mary Grant, to take a position nearer her home, with the Heavy Water Plant in Glace Bay. At year end progress came to our PBX operations, with the installation of a new switchboard allowing for internal automatic dialling—so that automation has allowed for increased efficiency with reduced staff and lower costs.

OTHER STAFF DEPARTMENTS

Fortunately there were only minor changes in the Nursing Staff during the year, and no changes in the Technical X-Ray and Laboratory or in the Medical Records Personnel. To these faithful employees a word of appreciation is due. Too often the departments which operate quietly and efficiently are overlooked until something goes wrong!

And, of course, a hospital functions not merely by virtue of Department heads, although these may capture the headlines, but rather by the faithful work and quiet cooperation of workers in all departments.

DEPARTMENT OF PUBLIC WORKS

The hospital buildings, and much of the equipment, were leased from War Assets Corporation after they had fullfilled their World War II functions. The buildings were of "temporary construction", and have required increasing maintenance over the years. Such maintenance is now the responsibility of the Provincial Department of Public Works, with larger projects being let out to tender, and smaller projects completed by our own Hospital staff, with supplies provided by Public Works. Major projects of the year included a revamping of the automatic fire-alarm system, building a new fire-escape ramp and doorway for Ward D, re-bricking of the hospital incinerator, outside painting of the "trim" of the hospital buildings, installing fire-break doors at the head of two stairways in the Nurses' Residence, re-wiring the hospital kitchen, where heat had so baked the original wiring as to make it hazardous. The sum total of these efforts has been to make a safer and more attractive hospital building.

FEDERAL D.O.T.

The Federal Department of Transport, from whom the hospital buildings are leased, supply steam heat and water, fire protection and snow removal, on a cost basis. Our relationships have been cordial, and to them we express thanks for services rendered.

THANKS

Not only are we indebted to members of our own staff who have worked faithfully towards the smooth operating of the hospital, and to other governmental departments without whose cooperation we could not have functioned, but a special word of thanks is due to individuals and volunteer groups who have done so much to add the little extras which have made the long months of hospitalization more pleasant and happy for the patients. It is impossible to mention all, but a few should be singled out:

–The Social Service Agencies who have helped see that home needs were met, and in some cases have provided "canteen money" for patients in need.
–The clergy of the various faiths, who have visited the sick, and brought comfort and faith to the ill.
–The Cape Breton and the Nova Scotia Tuberculosis Associations, for their continuing support.
–Branch No. 12 of the Royal Canadian Legion, for their annual Christmas party.
–The I.O.D.E., the Beinn Breagh Chapter, the Isle Royale Chapter, the Louisbourg Chapter, and the Honourable Vincent Massey Chapter.
–The Cape Breton West Kinsmen Club.
–The Catholic Women's League, through the Sacred Heart Council and the St. Anthony-Daniel Division.
–The United Church Women and the United Church Choir in Westmount.
–The Girl Guides in Sydney.

The list goes on–but it is impossible to mention all who have freely and cheerfully given, not only things but also their time and their talent, have given themselves, to make a patient's stay in hospital more pleasant.

OTHER DEPARTMENTS

Truly the operation of a Tb and Chest Disease hospital is a cooperative venture of many departments and many individuals working together toward the common goal of eradicating the scourge of tuberculosis from our midst. That this goal can be achieved only with continued effort is obvious, but to all who have helped bring it one step closer the public owes its gratitude. To these I should like to extend my personal word of thanks. To those with whom I have worked most closely during the year, to my staff and to my immediate superiors, Doctor J. E. Hiltz, Administrator of Tuberculosis

Control Services, Doctor J. S. Robertson, Deputy Minister, and to the Honourable Minister of Public Health I would express my appreciation, for their unfailing interest, cooperation, and support throughout the year.

D. S. Robb, M.D.
Medical Superintendent

Table 1

STATISTICAL REPORT OF ADMISSIONS AND DISCHARGES

	1966			1967
	Total	Male	Female	Total
Patients in Hospital at beginning of year	74	50	20	70
Total Admissions during the year	188	136	37	173
Total Under Care during the year	262	186	57	243
Total Discharges during the year	192	143	48	191
Patients in Hospital at end of year	70	43	9	52
Total Patient Days	29,146	18,439	6,690	25,129
Average Daily Census	80	51	18	69
Patient–Days of Patients discharged or dead	35,393			25,217
Average Length of Hospital Stay	184			131

STATISTICAL REPORT–COMPARISON WITH RECENT YEARS

	1962	1963	1964	1965
Patients in Hospital at beginning of year	111	110	76	88
Total Admissions during the year	237	198	191	217
Total under Care during the year	348	308	267	305
Total Discharges during the year	238	232	179	231
Patients in Hospital at end of year	110	76	88	74
Total Patient Days	42,125	34,473	28,910	31,435
Average Daily Census	115	94	79	86
Patient–Days of patients discharged or dead	39,771	41,327	26,484	36,221
Average Length of Hospital Stay	167	178	148	158

Table 2

ADMISSIONS DURING THE YEAR: SOURCE OF PATIENTS

	1966		1967	
	Total	Male	Female	Total
Tuberculous:				
First Admissions	52	32	11	43
Readmissions, to resume treatment	32	14	3	17
Transfers from other Tb Hospitals	14	11	3	14
Readmissions, to continue treatment	9	6	1	7
For Review and Assessment only	53	14	13	62
	160	112	31	143
Non-Tuberculous:				
Staff	2	–	1	1
Other, investigation	26	24	5	29
	28	24	6	30
Total Admissions	188	136	37	173

Table 3

DIAGNOSIS OF PATIENTS ADMITTED DURING THE YEAR

A. TUBERCULOUS	1966	Male	Female	Total	Percent
Primary	8	2	3	5	3.5
Minimal	30	23	4	27	18.9
Moderately Advanced	52	23	11	34	23.8
Far Advanced	38	33	6	39	27.3
Genito-urinary	18	16	4	20	13.9
Tbc. Peritonitis	–	1	1	2	1.4
Pleurisy with effusion	3	–	2	2	1.4
Pulmonary Tb with occupational disease of the lung	10	14	–	14	9.8
Tbc Cervical Adenitis	1	–	–	–	–
Meningeal and Miliary Tb	–	–	–	–	–
	160	112	31	143	100.0%

B. NON-TUBERCULOUS

Staff:			
Pyelitis		1	1
Other:			
Arteriosclerotic C. V. disease	1		1
Bronchopneumonia	5	1	6
Bronchial Asthma	–	1	1
Chronic Bronchitis with Emphysema	1	–	1
Cancer of the lung	7	–	7
Nasopharyngeal bleeding, Non tbc.	1	–	1
Pneumonoconiosis, uncomplicated	4	–	4
Sarcoidosis	–	2	2
Radiation fibrosis, pulmonary	1	–	1
Interstitial Fibrosis	2	1	3
Foreign body granuloma of bronchus	2	–	2
	24	6	30
Total Admissions:	136	37	173

Table 4

ADMISSIONS: AGE AND SEX OF PATIENTS ADMITTED

Age	TUBERCULOUS			NON-TUBERCULOUS			TOTAL		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0–9	1	1	2	–	1	1	1	2	3
10–19	6	4	10	–	–	–	6	4	10
20–29	7	3	10	3	3	6	10	6	16
30–39	10	3	13	2	–	2	12	3	15
40–49	22	9	31	5	1	6	27	10	37
50–59	35	2	37	8	–	8	43	2	45
60–69	19	1	20	4	1	5	23	2	25
70–over	12	8	20	2	–	2	14	8	22
	112	31	143	24	6	30	136	37	173

Table 5

RESIDENCE OF PATIENTS ADMITTED

Cape Breton County	115	Halifax County	4
Inverness County	20	Shelburne County	1
Richmond County	10	Kings County	1
Victoria County	12	Hants County	1
Cape Breton Island	157	Nova Scotia Mainland	13
Cumberland County	1	Ontario	1
Pictou County	1	Newfoundland	2
Digby County	1	Other Provinces	3
Guysborough County	3	Total Admissions	173

Table 6

SPONSORSHIP OF HOSPITALIZED PATIENTS

	In Hosp. Jan. 1/67	Admitted 1967	Discharged 1967	In Hosp. Dec. 31/67	Hosp. Days
Dept. National Health & Welfare					
(a) Immigration Medical Service	–	–	–	–	–
(b) Indian and Northern					
–Eskasoni Agency . . .	11	13	20	4	2115*
–Shubenacadie Agency	1	–	1	–	122*
(c) Sick Mariners' Service .	–	–	–	–	–
Dept. Veterans' Affairs . . .	–	3	3	–	49
N. S. Dept. Public Health . .	58	157	167	48	22,843
Totals	70	173	191	52	25,129

*Note that the figure for "Hospital Days" is calculated from Admission to discharge, including days patient was out on pass, and so does not correspond exactly to billings, which exclude time out on pass.

Table 7
DISCHARGES DURING THE YEAR: CATEGORY OF PATIENTS

	Male	Female	Total
Tuberculosis	117	42	159
Non-Tuberculous			
Staff	–	1	1
Other	26	5	31
Total Discharges	143	48	191

Table 8
DISCHARGES: ADMISSION DIAGNOSIS OF DISCHARGED TBC PATIENTS

	Male	Female	Total	Percent
Primary Tuberculosis	2	4	6	3.8
Minimal Pulmonary	21	8	29	18.2
Moderately Advanced	31	12	43	27.0
Far Advanced	32	10	42	26.4
Pleurisy with Effusion	–	2	2	1.3
Genito-urinary Tb.	15	4	19	11.9
Silico-tuberculosis (Pulmonary Tb with occupational disease)	15	–	15	9.4
Tbc. Cervical Adenitis	–	1	1	.6
Tbc. Salpingitis	–	1	1	.6
Tbc. Peritonitis	1	–	1	.6
	117	42	159	100%

Table 9
DISCHARGES: CLINICAL CONDITION OF PATIENTS ON DISCHARGE

	Male	Female	Total	Percent
Pulmonary Tuberculosis:				
Inactive	31	9	40	25.2
Quiescent	41	19	60	37.7
Active–Improved	16	7	23	14.5
Active–Unimproved	3	–	3	1.9
Dead–from Tb or complication	3	1	4	2.5
–from unrelated disease	7	–	7	4.4
Extra-pulmonary Tuberculosis:				
Inactive	6	4	10	6.2

Quiescent	5	1	6	3.8
Active–Improved	5	1	6	3.8
Active–Unimproved	–	–	–	–
Dead	–	–	–	–
	117	42	159	100%
Non-Tuberculous:				
Recovered or Improved	11	4	15	46.9
Unimproved	15	2	17	53.1
Dead	–	–	–	–
	26	6	32	100%

Table 10
DISCHARGES: TYPE OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS

	Male	Female	Total	Percent
On Medical Advice	92	34	126	79.2
Transfer to N. S. Sanatorium	7	5	12	7.5
Transfer to Other Tb Hospitals	2	–	2	1.3
Irregular Discharge				
Against medical advice	6	2	8	5.0
Disciplinary	–	–	–	–
Died	10	1	11	6.9
	117	42	159	100%

Table 11
MARITAL STATUS OF DISCHARGED PATIENTS

	Male	Female	Total
Single	48	18	66
Married	72	21	93
Widowed	19	7	26
Separated or Divorced	4	2	6
	143	48	191

Table 12

RELIGION OF DISCHARGED PATIENTS

	Male	Female	Total
Roman Catholic	102	40	142
Church of England	7	3	10
United Church of Canada	19	3	22
Baptist	2	1	3
Presbyterian	7	1	8
Salvation Army	3	–	3
Lutheran	1	–	1
African Orthodox	1	–	1
Hebrew	1	–	1
	143	48	191

Table 13

DISCHARGED PATIENTS: TUBERCULOSTATIC DRUGS USED WHILE IN HOSPITAL

Streptomycin	88	Cycloserine	25
Isoniazid	109	Ethionamide	5
P.A.S.	79	Isoxyl	2
		Viomycin	2
		Pyrazinamide	1

Table 14

DISCHARGED TB PATIENTS: ASSOCIATED TUBERCULOUS COMPLICATIONS

Adenitis	2	Pleurisy with Effusion	6
Bronchiectasis	9	Peritonitis	1
Bronchopleural fistula	5	Pulmonary Tb Primary inact	4
Cystitis	4	Minimal inact	3
Empyema	2	Renal Tb	1
Endobronchitis	1	Tbc. Hip	1
Epididymitis	1	Tbc Ureter	1
Laryngitis	2	Ureteral Stricture	1

Table 15

DISCHARGED TB PATIENTS: ASSOCIATED NON-TBC CONDITIONS

Mental and Emotional:

Alcoholism	2	Hypochondriasis	1
Anxiety State	4	Hysteria	1
Depressive Psychosis	1	Mental Deficiency	1

Mental and Emotional: (continued)
Psychiatric disturbance 1
Schizophrenia 5
Senile Psychosis 1

Diseases of the Skin:
Dermatitis 1
Ulcer, decubitus 1
Ulcer, varicose 2

Bones and Joints:
Arthritis, rheumatoid 3
Arthritis, traumatic 2
Bursitis, prepatellar 1
Dupuytren's Contracture 1
Flexion Deformity of Knees . . . 1
Osteoarthritis 4
Pes Planus 1
Diaphragmatic paralysis 1

E.E.N.T.:
Cataract 3
Chorioretinitis 1
Corneal scars 1
Deafness 1
Otitis externa 1
Otitis media 1
Visual Impairment 1

Respiratory system:
Abscess of lung 2
Asthma 6
Bronchitis, chronic 11
Bronchiectasis 3
Bronchopneumonia 16
Bronchogenic carcinoma 3
Emphysema, bullous 2
Emphysema, compensatory . . . 3
Emphysema, obstructive 8
Nasopharyngitis 1
Pharyngo-tracheitis 1
Tonsillitis, hypertrophic 1
Pneumonoconiosis 14
Pulmonary fibrosis,
post pneumonic 1
Radiation Fibrosis 2
Susp. Metastatic Ca of Lung . . . 1
Susp. Pneumonoconiosis 1

Cardiovascular:
Atherosclerosis
Generalized 3
Cerebral 2
Coronary thrombosis 4
Myocardial infarction 4
Heart disease 21
Hypertensive CV disease . . . 1
Essential hypertension 3
Congestive Heart failure 1
Rheumatic Heart disease 1
Bundle Branch Block 1
Ischaemic myocardial fibrosis . . 1
Cor. Pulmonale 7
Varicose Veins 3
Phlebitis 2
Thrombophlebitis 1

Gastrointestinal System:
Carcinoma of rectum, arrested . . 1
Carcinoma of colon, with
metastases to spine, etc. . . . 1
Cholelithiasis 1
Colitis, spastic 1
Haemorrhoids 2
Hernia, inguinal 1
Hernia, umbilical 2
Diverticultitis 2
Peptic Ulcer 7
Stomatitis 1
Oesophageal Stricture 1

Genito-urinary System:
Congenital single kidney 1
Cystitis 3
Hydronephrosis 1
Hydronephrosis of ureter 2
Urethral diverticulum 1
Prostate, benign hypertrophy . . 2
Pelvic Kidneys 1
Pyelonephritis, chronic 1
Renal shutdown 1
Salpingitis 1
Vaginitis, bacterial 1
Uremia 1
Perinephric abscess 1

Hormonal System:

Diabetes Mellitus 9
Goiter, toxic 1
Menopausal syndrome 3

Nervous System:

Neuritis, peripheral 1
Post-polio neuropathy 1

Systemic:

Drug Allergy—Cycloserine 2
—Isoniazid 2
—Isoxyle 1
—P.A.S. 7
—Penicillin 1
—Pyrazinamide . . . 1
—Streptomycin . . . 8
Lues, latent 1
Cahexia, extreme 2

Table 16

OUT-PATIENT SERVICES

	Patients	Visits
Chest Clinic—D.V.A. Out-Patients	128	165
—Other Out-Patients	72	161
Staff Clinic		
Sick Parade	113	202
Tuberculin Testing—Heaf Tests		43
—PPD		16
Mantoux Conversions		2
B.C.G. Innoculations		8
Chest X-rays		605
Other X-rays		11

Table 17

REPORT OF X-RAY DEPARTMENT

	Patients	Out Patients	Staff	Total Exams	T.M. Units	R.M. Units
Chest, single	466	352	604	1422	2844	2844
multiple	192	8	1	201	603	402
planigraphic series	108	8		116	580	580
Bronchogram, unilateral	16			16	64	64
bilateral	7			7	35	42
Abdomen	5			5	10	10
Gall Bladder	4			4	16	12
Pyelogram, I.V.	13			13	78	39
Retrograde	30			30	120	60
Bones and Joints:						
Ribs and shoulders	3		1	4	12	8
Skull, sinuses	5			5	15	15
Hips and Pelvis	12	1	1	14	28	28
Spinal Column	14	4	3	21	84	63
Extremities	12		6	18	36	36
Total Exams	887	373	616	1876	4525	4203
Electrocardiogram	107	4	2	113		
B.M.R.	2			2		
Pulmonary Function	31			31		

Table 18

LABORATORY REPORT: WORK PERFORMED

	Patients	Out-Patients	Total Exams	Unit Value	Total Units
URINALYSIS					
Routine	799	15	814	2	1628
Single Constituents	2	–	2	1	2
					1630
BIOCHEMISTRY					
Glucose	274	17	291	2	582
Glucose Tolerance Test	13	–	13	10	130
Cholesterol	1	1	2	5	10
Icterus Index	1	–	1	1	1
Non-Protein Nitrogen	219	3	222	4	888
Urea Nitrogen	219	3	222	4	888
Acid Phosphatase	2		2	6	12
Alkaline Phosphatase	451	61	512	6	3072
Total Protein	–	1	1	3	3
Protein (Total – Differential)	23	1	24	6	144
Occult Blood	9	–	9	1	9
Biochemistry Collections	1025	107	1132	1	1132
					6871

HAEMATOLOGY					
Bleeding Time	3	–	3	1	3
Coagulation Time	4	–	4	2	8
Blood Film	1	–	1	2	2
Differential	748	355	1103	2	2206
Eosinophile Count	1	–	1	2	2
Haematocrit	796	354	1150	1	1150
Haemoglobin	848	359	1207	1	1207
Prothrombin Time	23	–	23	2	46
Sedimentation Rate	818	354	1172	1	1172
White Blood Count	959	357	1316	1	1316
Haematology Collections	990	361	1351	1	1351
					8463
BACTERIOLOGY					
T. B. Smears (Sputa)	144	1	145	3	435
Miscellaneous Smears	2	–	2	2	4
T. B. Concentrations	487	–	487	4	1948
					2387
CEREBROSPINAL FLUID					
Cell Count	9	–	9	1	9
Chlorides	9	–	9	3	27
Protein	9	–	9	2	18
Sugar	9	–	9	2	18
					72
TOTAL UNITS WORK PERFORMED					19423

Table 19 LABORATORY REPORT: WORK REFERRED TO OTHER LABORATORIES

	Patients	Out-Patients	Total Exams	Unit Value	Total Units
BACTERIOLOGY					
T. B. Cultures	2531	–	2531	6	15,186
Fungi Cultures	16	–	16	7	112
Other cultures–sputum	147	–	147	6	882
–urine	186	–	186	6	1,116
–blood	1	–	1	6	6
–miscellaneous	108	–	108	6	648
Sensitivity, non-Tb	176	–	176	4	704
Ova concentration	4	–	4	4	16
					18,670
BIOCHEMISTRY					
Amylase	2	–	2	4	8
Bilirubin, direct and total	2	–	2	4	8
Calcium	80	–	80	4	320
Caphalin Cholesterol Flocc	12	–	12	2	24
Chloride	70	–	70	3	210
Co_2 Combining Power	52	–	52	4	208
Creatinine	3	–	3	3	9
Icterus Index	2	–	2	1	2
Alkaline Phosphatase	1	–	1	6	6
Phosphorus	56	–	56	4	224
Potassium	86	–	86	3	258
Thyroxine	13	4	17	10	170

Protein	4	–	4	6	24
Sodium	83	–	83	3	249
Thymol Turbidity	11	–	11	2	22
Transaminase	3	–	3	5	15
Uric Acid	5	–	5	3	15
Urine Catecholamines	1	–	1	15	15
17–Ketosteroids	2	–	2	12	24
17–Hydroxy Corticoids	2	–	2	12	24
Urine–Pregnancy test	5	–	5	2	10
					1,845
HAEMATOLOGY					
Blood film	3	–	3	2	6
Cross-match + Coombs Test	4	–	4	4	16
					22
CEREBROSPINAL FLUID					
Mastic Curve	5	–	5	2	10
HISTOLOGY					
Surgical Specimens	20	–	20	8	160
Cytology	260	–	260	5	1,300
					1,460
SEROLOGY:					
VDRL	181	–	181	1	181
Wassermann	17	–	17	2	34
Paul Bunnell	1	–	1	3	3
Widal	1	–	1	6	6
					224

Table 20
REPORT OF OPERATING ROOM DEPARTMENT PROCEDURES:

By Our Consultants:
E.E.N.T. PROCEDURES (Dr. W. MacIsaac)

Bronchoscopics	31
Laryngeal examinations	4
Nasal examinations	5
Ear examinations	3
Eye examinations	3
Other consultations	15

UROLOGICAL PROCEDURES (Dr. D. B. Archibald)

Cystoscopic Examinations (including urethral and ureteral dilatations)	35
Rectal examination only	2
*Other consultations	9

BY OUR FULL-TIME MEDICAL STAFF

Scalene Node Biopsy	4
Pleural Biopsy	1
Sternal Marrow Biopsy	1
Chest Aspirations	57
Other Aspirations	5
Repair of lacerations	5
Excision of warts, etc.	2
Lumbar puncture	9
Sigmoidoscopic	3
Minor exams done in O.R.	32

CHEST CLINIC Operating of these clinics falls
STAFF CLINIC under the O. R. Department.
Refer to Table 16 for details.